Form **990-PF**

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.

Fo	r cal	endar year 2017	or tax year be	eginning	NOV	8, 201	<u>.7</u>	, and	l_ending	DEC 31,	<u> 2017</u>		
N	ame	of foundation			- ·					A Employer id	entification	number	
		E KIMMEL				**				02.66	04001		
_		MITCHE r and street (or PO				SQ.			Room/suite	82-66			
	^{umbe}	•	FLAGLE:		eu to 511 eet at	Juress)			500E	B Telephone n	50-05	0.2	
	-	r town, state or p			or foreign no	netal code			5005	1.		ending, check here	
		ST PALM			33401	Jalai Godo				O III dyddingiai af	plication is pe	straing, check hare	
_		ck all that apply:		nitial return		Initial	return of a fo	rmer publ	ic charity	D 1. Foreign of	rganizations	, check here	ightharpoons
•	0	,o., a.,a. בפף.,.		ınal return		=	ded return	•	•		_		. —
			A	ddress chan	ge	Name	change			2. Foreign org check here	anizations me and attach cor	eting the 85% test mputation	' ▶□
H	Ch	eck type of organi	zation; X	Section 5	501(c)(3) ex	empt private fo	undation		(/ ام	E If private for	indation stat	tus was termina	ated
		Section 4947(a)(1) nonexempt	charitable tr	ust	Other taxable p	rıvate founda	tion	οΨ	under sectio	n 507(b)(1)	(A), check here	; >
ı	Fair	market value of a	II assets at end	d of year 🛮 J	I Accountii	ng method:	X Cash	A	ccrual	F If the founda	ition is in a (60-month term	ination
	(fro	m Part II, col. (c),	line 16)			her (specify) _				under sectio	n 507(b)(1)	(B), check here	; >
	<u>▶</u> \$				Part I, colun	nn (d) must be	on cash basi	5.)				T (4)	
? }	ar	Analysis of (The total of an	nounts in columns	s (b), (c), and (d	d) may not	(a) Reven			t investment ncome	(c) Adjust		(d) Disbur for charitable	e purposes
_	_		ual the amounts ii						TICUING .		₹.	(cash bas	
			, gifts, grants,			2,385))'.'.'.' 9'X		3.8.3.2.3.1		3 2 2 3 3 3	
		2 Check united	if the foundation is ngs and temporar		tach Sch B	, W. W	***, *, *	\$\displaystar.					
١	-	3 cash investmen	ts		.3					 -		F-384 + 67 2	
			d interest from	i securities	\mathcal{A}					 		*	
1	H	5a Gross rents	(1)		₹,	7 ~	8.	. 3	1742.	Do No. J	79	RECL	
,	1	h Net rental incon			- 10	, , , , , , , , , , , , , , , , , , ,	XX.	388.4				*	
	9	6a Net gain or (loss Gross sales pric assets on line 6	e for all	sets not on line	110	. 10			1	8 8 9 9 9	য়ি	JUN 48	2018
	Revenu		Income (from Par	rt IV. line 2)					0.		1.5		
	Be	• • •	m capital gain	, - /					\\ \delta	Š	L		
	-	9 Income modi				¥, 4,	37	8		3		4HHF	N . U1 _
	- [-	Gross sales les and allowances	s returns			# 1	37	~			. !	managers	
	-	b Less Cost of g	1			` .		5		ì	. 1 46 -		533
	-	c Gross profit	or (loss)					j.	1 2 1			<u> </u>	
	-	11 Other income)									33.4	
_	4	12 Total. Add II	nes 1 through	11		2,385	5,167.	_	0.		0.		
		13 Compensation	of officers, directo	ors, trustees, e	tc		0.		0.	1	0.		0.
	- 1		/ee salaries and	-		-						-	
			s, employee be	enetits									
		16a Legal fees										_	
	pens	b Accounting f											
	Exp	c Other profes: 17 Interest	Sional lees									 	
	.21	17 Interest 18 Taxes						<u> </u>		<u> </u>		<u> </u>	
	stra		and depletion				-						
	ij	20 Occupancy	and doplotion									1	
	7		rences, and m	ieetinas									
		•											
	ä	23 Other expens								Ì			
	ij	24 Total operat	ing and admin	nistrative									
)er:	•	dd lines 13 thr			<u></u>	0.		0 .		0.		0.
	q	25 Contribution	s, gifts, grants				0.	de	1 1 1	· · ·	1 1		0.
•		26 Total expens	ses and disbur	rsements.							_		_
) -	\bot	Add lines 24				<u> </u>	0.	ļ	0.	·	0.	1	0.
Ċ		27 Subtract line	26 from line 1	12:			- 4		,		,		
j.		& Excess of reve	•			2,38	5,167 <u>.</u>	1		 	<u> </u>	7 7	
		b Net investm				<u> </u>		<u> </u>	0	·		1	<i>"'</i>
	1	c Adjusted ne	tincome (if neg	gative, enter -0	-)	1		/			0.	11 1	10 114

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

Form 990-PF (2017)

For	m 99	0-PF (2017) C/O MITCHELL D. SCHEPPS	, ESQ.	82-	6694821 Page 2
ه ا	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	of year
) I y	ar: L	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable >		18.88 (13)	
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►		. 2 . 3	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		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			8 24 6
		Less: allowance for doubtful accounts		··· ·· ·· ·· ·························	
	l a	Inventories for sale or use	_		
ssets	9	Prepaid expenses and deferred charges			
Ass		Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 2	0.	1,490,592.	2,361,785.
	1	Investments - corporate bonds	- 0.	1,430,332.	2,301,703.
	l	<u> </u>		\$ ####################################	
	''	Investments - land, buildings, and equipment basis			
	۱.,	Less accumulated depreciation		. <u> </u>	
	l	Investments - mortgage loans			
	13	Investments - other		V288	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation	 		
	15	Other assets (describe			
	16			4 400 500	
_		instructions. Also, see page 1, item I)	0.	1,490,592.	2,361,785.
	17	. •			
	18	Grants payable			
e S	19	Deferred revenue			
iabilitie	20	Loans from officers, directors, trustees, and other disqualified persons	<u></u>		
iab	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			
4A	l	and complete lines 24 through 26, and lines 30 and 31.			
ë	1	Unrestricted			
ā	25	Temporarily restricted			
ä	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
or Fund Balance	l	and complete lines 27 through 31.		4 400 -00	
	27	Capital stock, trust principal, or current funds	0.	1,490,592.	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Net	30	Total net assets or fund balances	0.	1,490,592.	
_	31	Total liabilities and net assets/fund balances	0.	1,490,592.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	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)		1	0.
2		r amount from Part I, line 27a		2	2,385,167.
_		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3	 -	4	2,385,167.
		eases not included in line 2 (itemize)	SEE ST	ATEMENT 1 5	894,575.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c		6	1,490,592.
					Form 990-PF (2017)

THE KIMMELMAN FOUNDATION C/O MITCHELL D. SCHEPPS, ESQ.

│Part∛IV│ Capital Gains :	and Lo	sses for Tax on In	vestment	Income							
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					(b)	How ac - Purcl - Dona	quired hase ition	(c) Date acqu (mo., day,	ured /r.)	(d) Date sold (mo., day, yr.)	
		_				50110					
b NO	NE										
С			_								
d											
<u>e</u>					<u>L</u> ,						
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale							(h) Gain ((e) plus (f)				
<u>a</u>											
<u>b</u>					_						
C	<u> </u>										
<u>d</u>											
Complete only for coasts showing		solumn (b) and owned but	bo foundation	10/01/60						-	
Complete only for assets shown								l) Gains (Col. (l. (k), but not l			
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (i)			33.	Losses (fro	m col. (h))	
a							 -				
<u> </u>					$\neg \uparrow$	_					
C					_						
d											
e											
		(If gain, also enter	run Part I. line	7	٦						
2 Capital gain net income or (net c	apıtal loss) If gain, also enter) If (loss), enter -0	- in Part I, line	e 7	刚	2					
3 Net short-term capital gain or (lo	ss) as def	-									
	If gain, also enter in Part I, line 8, column (c).] [
If (loss), enter -0- in Part I, line 8	3	1010/				3					
Part V Qualification U	inder S	section 4940(e) for	Reduced	Tax on Net	inve	estme	ent ince	ome	_		
(For optional use by domestic privat	e foundati	ons subject to the section 4	1940(a) tax on	net investment in	come	.)				N/A	
If section 4940(d)(2) applies, leave t	his part b	lank.									
Was the foundation liable for the sec					1007					Yes No	
If "Yes," the foundation doesn't qualing the appropriate amount in					ntrias						
	Cacir colu			I I I I I I I I I I I I I I I I I I I			·			(d)	
(a) Base period years Calendar year (or tax year beginn	ına ın)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) onchai		use assets	(col	(d) Distribution ratio (col. (b) divided by col. (c))		
2016	ing in/	3						1001	. (b) div	ided by col. (c))	
2015											
2014			_					_	-		
2013								<u> </u>	-		
2012											
			 								
2 Total of line 1, column (d)								2			
A Average distribution ratio for the	5-year ha	se period - divide the total	nn line 2 hv 5	O or by the numb		ieare					
3 Average distribution ratio for the	J-year ba	oo portos attiao tito totas	on mic z by o.	o, o. by	erory	yours					
the foundation has been in existe			Jii iiilo 2 by 5.	o, or by the nomb	er or y	yours		3			
-			on into 2 by o.	o, or by the nomb	er or y	yours		3			
-	ence if less	s than 5 years		o, a. by 1.10	erory	your 3		3			
the foundation has been in existe	ence if less	s than 5 years		o, o. by 1.10 1101111	erory	your 3					
the foundation has been in existe	ence if less	s than 5 years		o, o. o, a.c.	er or y	yours					
the foundation has been in existe 4 Enter the net value of noncharita 5 Multiply line 4 by line 3	ence if less	s than 5 years sets for 2017 from Part X,		o, o. o, a.c.	er or y	yours		4			
the foundation has been in existe 4 Enter the net value of noncharita	ence if less	s than 5 years sets for 2017 from Part X,		o, o	er or y	yours		4			
the foundation has been in exists 4 Enter the net value of noncharita 5 Multiply line 4 by line 3 6 Enter 1% of net investment income	ence if less	s than 5 years sets for 2017 from Part X,		5, 6, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	er or y	yours		5			
the foundation has been in existe 4 Enter the net value of noncharita 5 Multiply line 4 by line 3	ence if less	s than 5 years sets for 2017 from Part X,		5, 6, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	er or y	yours		5			
the foundation has been in exists 4 Enter the net value of noncharita 5 Multiply line 4 by line 3 6 Enter 1% of net investment income	ence if less ble-use as	s than 5 years sets for 2017 from Part X, Part I, line 27b)		5, 6, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	er or y	yours		5			
the foundation has been in exists 4 Enter the net value of noncharita 5 Multiply line 4 by line 3 6 Enter 1% of net investment incom 7 Add lines 5 and 6	ence if less ble-use as me (1% of m Part XII	s than 5 years sets for 2017 from Part X, Part I, line 27b)	line 5				ate.	5 6 7			

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

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:

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

· 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

FL 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 STMT

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

X X X 8b 10

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THE KIMMELMAN FOUNDATION 82-6694821 C/O MITCHELL D. SCHEPPS, ESQ. Page 5 Part 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 STMT 4 section 512(b)(13)? If "Yes," attach schedule. See instructions 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 N/A Website address 14 The books are in care of NOSANNE MIGLIORINO 671-6083 Telephone no. ► (973) ▶07078 Located at ▶51 JFK PARKWAY, SUITE 200, SHORT HILLS, 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 N/A15 No Yes 16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, X securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required Yes File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? 2 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)): 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 Yes X No before 2017? b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? 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, N/A Form 4720, to determine if the foundation had excess business holdings in 2017.) 3b

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

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

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

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THE KIMMELMAN FOUNDATION Form 990-PF (2017) C/O MITCHELL D. SCHEPPS,	ESQ		82-66948	21	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4/20 May Be R	equirea _{(contini}	ued)	· 10	
 5a During the year, did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section) (2) Influence the outcome of any specific public election (see section 4955); 	` ''		es X No	Yes	No
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purpose. (4) Provide a grant to an organization other than a charitable, etc., organization.	s?	Υe	es X No		
4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary	or	es X No			
the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur section 53.4945 or in a current notice regarding disaster assistance? See instructions relying on a current notice regarding disaster assistance, check	ructions here	n Regulations	N/A ►	5b	School St.
 c If the answer is "Yes" to question 5a(4), does the foundation claim exemption expenditure responsibility for the grant? 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 a personal benefit contract? 	Ŋ	I/A Ye	es No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a If "Yes" to 6b, file Form 8870.		_		6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax b if "Yes," did the foundation receive any proceeds or have any net income attrib		Ye	es X No E	7L	\$ 7
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		nagers, Highly	M/A	7b	<u>.l.</u>
1 List all officers, directors, trustees, and foundation managers and t	their compensation.	-			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accoun allow	pense t, other ances
DOUGLAS W. KIMMELMAN	TRUSTEE				
9001 COLLINS AVENUE, SPH1					
SURFSIDE, FL 33154	1.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc	cluded 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	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accoun allow	pense t, other
NONE	- COVOLOGICO POSITION		compensation	allow	<u> </u>

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Total number of other employees paid over \$50,000

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Partivilla Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE,"	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<u></u>	
	 	
	 	
7		▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta	atictical information cuch as the	
number of organizations and other beneficiaries served, conferences convened, research papers pi	roduced, etc.	Expenses
1 N/A		
		0.
2		
		0.
3		
4		
Port IV R Common of Drogram Polated Investments		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1 N/A	off filles I and 2.	Amount
1 N/ A		
		0.
2		
<u> </u>		
All other program-related investments. See instructions.		
3 N/A		
		-
		0.
Total Add lines 1 through 3	▶ 1	0.

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C/O MITCHELL D. SCHEPPS, ESQ. Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 98,408. a Average monthly fair market value of securities 1a b Average of monthly cash balances 1b c Fair market value of all other assets 1c 98,408. 14 d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 3 Subtract line 2 from line 1d ,476. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 96,932. Net value of noncharitable-use assets. Subtract line 4 from line 3, Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.) 717. Minimum investment return from Part X, line 6 2a Tax on investment income for 2017 from Part VI, line 5 b Income tax for 2017. (This does not include the tax from Part VI.) Add lines 2a and 2b 2¢ Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 717. Add lines 3 and 4 5 0. Deduction from distributable amount (see instructions) 6 717. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 0. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 b Program-related investments - total from Part IX-B 0. 1b 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 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 0. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 0. income. Enter 1% of Part I, line 27b 0.

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

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Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

C/O MITCHELL D. SCHEPPS, ESQ.

Part XIII Undistributed Income (s	see instructions)			
	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7			36.43	717.
2 Undistributed income, if any, as of the end of 2017	2		3	
a Enter amount for 2016 only	* * * * * * * * * * * * * * * * * * * *		0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
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	k .			
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		11 12 12		
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount		* # 1984 as	32 X W. 3 4	0.
e Remaining amount distributed out of corpus	0.	(A)		14
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 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	ė kar			
amount - see instructions	The State of the S	0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.		A Comment of the State of the S	0.	1 The State of State of
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				717.
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	1			
d Excess from 2016	1			

THE KIMMELMAN FOUNDATION Form 990-PF (2017) C/O MITCHELL D. SCHEPPS, ESQ. 82-6694821 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (é) Total (a) 2017 (b) 2016 (c) 2015 (d) 2014 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a 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 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year 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 and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) DOUGLAS W. KIMMELMAN b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🛣 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors;

THE KIMMELMAN FOUNDATION

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Supplementary Information (continued) Part XV 3. Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation status of recipient Amount Name and address (home or business) a Paid during the year NONE **▶** 3a ٥. b Approved for future payment NONE Total

Form 990-PF (2017) Part XVI-A

C/O MITCHELL D. SCHEPPS, ESQ.

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.		siness income		d by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt
1 Program service revenue:	code	Alliount	code	Amount	function income
a	-		 _ 		
b	-		↓ —↓		
c	-		1	_ 	
d	-				
e	-		 		
f			↓		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash	1		1 1		
investments			1		
4 Dividends and interest from securities	V. 0.000	200.00 0 0000001	11	w .iii	90000 900 C 900000
5 Net rental income or (loss) from real estate:			1		
a Debt-financed property			11		
b Not debt-financed property			4		
6 Net rental income or (loss) from personal					
property			$\downarrow \downarrow \downarrow$		
7 Other investment income			$\perp \perp \downarrow$		
8 Gain or (loss) from sales of assets other					
than inventory			↓		
9 Net income or (loss) from special events	L		 		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	-		+		
b	_	 	}-	<u> </u>	
C			 		
d	_				
e	_		4		
12 Subtotal. Add columns (b), (d), and (e)	` ************************************	0.	· Kr	0	
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accomp	lishment of Ex	empt F	Purposes	
		() () ()			
Explain below how each activity for which inc the foundation's exempt purposes (other tha			A contribu	ted importantly to the acco	amplishment of
the foundation's exempt purposes (other tha	ii by providing funds in	or such purposes).			
		·		_	
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THE KIMMELMAN FOUNDATION

Form 990-PF (2017)

C/O MITCHELL D. SCHEPPS, ESQ.

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1 Did the organization describy or indirectly engage in any of the following with any other organization of escribed in section 501(c) (other than section 501(c)) organizations) or in section 5027, retaining to political organizations? 1 Transless from the reporting foundation is a noncharizable exempt organization of (1) Cash (2) Other asserts. 1 Int(1) X (3) Select and seasts to a noncharizable exempt organization (3) Prochaese of seasts from a noncharizable exempt organization (4) Perichaese of seasts from a noncharizable exempt organization (3) Prochaese of seasts from a noncharizable exempt organization (4) Reinbursement arrangements (5) Loans or foat paramates (6) Performance of services or membratish or fundralising solicitations (6) Performance of services or membratish or fundralising solicitations (7) Performance of services or membratish or fundralising solicitations (8) Loans or foat pursuables (8) Loans or foat pursuables (9) Amount involved (1) Name of organization (1) In value of the pools, other assets, or paid employes (1) Interest or pay of the above is "vec" complete the following schedules. Column (a) should always show the fair market value of the pools, other assets, or services globally for exervices globally for exervices globally for exervices globally for the process of the assets, or services globally for exervices globally for the process of the services of the process of the services of the process of the services of the services of the services of the process of the services o	Part XVII	Information Re Exempt Organi		sfers to ar	nd Transactions a	nd Relationsh	nips With Nonchari	able		
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a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assasts. (3) Other assasts on a noncharitable exempt organization (3) Select of cashes to a noncharitable exempt organization (3) Purchases of assests from a noncharitable exempt organization (4) Reimbursement arrangements (5) Loans or found purparises (6) Performance of services or membership or fundralising solicitations (7) Select of comp quirarises (8) Performance of services or membership or fundralising solicitations (8) Performance of services or membership or fundralising solicitations (9) Performance of services or membership or fundralising solicitations (1) Casher or found quirarises (2) Loans or services given by the supporting countation. If the boundation cereved less than fair market value in any picture and a services of the support of general programation (b) should always show the fair market value of the goods, other assasts, or such assasts as a restrict reveals of the floring analysis of the such assasts as a restrict reveals of the product of the such assasts as a restrict reveal of the such assasts as a restrict reveal of the floring assasts and assasts and assasts of the restrict reveal of the floring assasts and assast							11011 00 1(0)	'		
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N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52?? b If Yes, "complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Under penaltites of parky, I dectare that have exampled this return, including ecompanying schedules and elatements, and to the beat of my knowledge and belieffer that the park is the park in the park is the park in the park is shown being in the park in the park is shown being in the park in the park is shown being in the park in the park is shown being in the park in the park is shown being in the park in the park is shown being in the park in the park is shown being in the park in the park is shown being in the park in the park is shown being in the park in the park is shown being in the park in the park is shown being in the park in the park is shown being in the park in the park is shown being in the park in the park is shown being in the park in the park is shown being in the park in the park is shown being in the park in the park in the park in the park is shown being in the park in					exempt organization	(d) Descripto	on of transfers, transactions, and	shering err	ancemer	nta
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Sign Here Under penalties of perpry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief. It is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below? See Instructure with the preparer shown below? See Instructure of Officer or trustes Print/Type preparer's name Preparer's signature Date TRUSTEE Trustee Trustee Print/Type preparer's name Preparer's signature Date Check if self- employed Self- employed Poo738401 Preparer Use Only Firm's address ▶ 1700 MARKET STREET, 25TH FLOOR			gameanon		(b) Type of organization	<u>' </u>	(b) Doodription of Foldatoria			
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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

Name of the organization

THE KIMMELMAN FOUNDATION C/O MITCHELL D. SCHEPPS, ESQ.

Employer identification number

82-6694821

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

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

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 contributions

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, charitable, 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, charitable, 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
THE KIMMELMAN FOUNDATION
C/O MITCHELL D. SCHEPPS, ESQ.

Employer identification number

82-6694821

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	DOUGLAS W. KIMMELMAN 9001 COLLINS AVENUE, SPH1 SURFSIDE, FL 33154	\$ <u>2,385,167.</u>	Person X 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)	(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 Payroll Noncash (Complete Part II for noncash contributions)

Name of organization THE KIMMELMAN FOUNDATION C/O MITCHELL D. SCHEPPS, ESQ. Employer identification number

82-6694821

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art 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
	10,000 SHS PROSHARES ULTRA S&P 500		
_1			
		\$ 1,107,700.	12/18/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	2,500 SHS THERMO FISHER		
_1		<u> </u>	
		\$\$.	12/18/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	32 SHS FEDEX CORP.		
<u> </u>			
į		s7,742.	12/19/17
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
	750 SHS ALPHABET INC.		
_1			
		ss	12/29/17
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	
(a)		1-1	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
			90, 990-EZ, or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 **Employer identification number** Name of organization THE KIMMELMAN FOUNDATION C/O MITCHELL D. SCHEPPS, ESQ.

Part III

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 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 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 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

<u> </u>						
FORM 990-PF O	THER DECREASES	IN NET	ASSETS	OR FUND	BALANCES	STATEMENT 1
DESCRIPTION						AMOUNT
UNREALIZED GAIN	ON CONTRIBUTED	SECURI!	TIES			894,575
TOTAL TO FORM 99	0-PF, PART III,	, LINE !	5			894,575.
FORM 990-PF		CORPO	RATE STO	OCK		STATEMENT 2
DESCRIPTION				В	OOK VALUE	FAIR MARKET VALUE
10,000 SHS PROSH 2,500 SHS THERMO 32 SHS FEDEX COR 750 SHS ALPHABET	FISHER P.	500			626,398. 328,875. 5,282. 530,037.	1,094,300 474,700 7,985 784,800
momat mo Hona AA	0-PF, PART II,		0.D		1,490,592.	2,361,785

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 3
NAME OF CONTRIBUTOR	ADDRESS	
DOUGLAS W. KIMMELMAN	9001 COLLINS AVENUE, SPH1 SURFSIDE, FL 33154	

FORM 990-PF

SCHEDULE OF CONTROLLED ENTITIES PART VII-A, LINE 11

STATEMENT 4

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

THE CAROL KIMMELMAN CENTER, LLC

82-6694821

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

C/O GUNSTER, 777 SOUTH FLAGLER DRIVE, SUITE 500E WEST PALM BEACH, FL 33401