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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](http://www.irs.gov/form990pf).

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation  
TWIN TREES FOUNDATIONINC

A Employer identification number  
91-2092293

Number and street (or P O box number if mail is not delivered to street address)  
5983 SE MOURNING DOVE WAY

Room/suite

B Telephone number (see instructions)  
(772) 546-3548

City or town, state or province, country, and ZIP or foreign postal code  
HOBE SOUND, FL 33455

C If exemption application is pending, check here

G Check all that apply  

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

D 1. Foreign organizations, check here  
2 Foreign organizations meeting the 85% test, check here and attach computation

H Check type of organization  

Section 501(c)(3) exempt private foundation

Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here

I Fair market value of all assets at end of year (from Part II, col (c), line 16)\$ 885,616

J Accounting method  

Cash

Accrual

Other (specify)

(Part I, column (d) must be on cash basis )

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

Revenue

1 Contributions, gifts, grants, etc , received (attach schedule)

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

b Gross sales price for all assets on line 6a

7 Capital gain net income (from Part IV, line 2)

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns and allowances

b Less Cost of goods sold

c Gross profit or (loss) (attach schedule)

11 Other income (attach schedule)

12 Total. Add lines 1 through 11

Operating and Administrative Expenses

13 Compensation of officers, directors, trustees, etc

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees (attach schedule)

b Accounting fees (attach schedule)

c Other professional fees (attach schedule)

17 Interest

18 Taxes (attach schedule) (see instructions)

19 Depreciation (attach schedule) and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses (attach schedule)

24 Total operating and administrative expenses.  
Add lines 13 through 23

25 Contributions, gifts, grants paid

26 Total expenses and disbursements. Add lines 24 and 25

27 Subtract line 26 from line 12

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income(if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2017)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .	26,190	14,521	14,521
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)	118,600	84,658	84,655
	b	Investments—corporate stock (attach schedule) . . . . .	69,534	13,945	26,757
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .	458,683	562,774	758,731
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	1,600	952	952	
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	674,607	676,850	885,616	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		0	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/></b> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	674,607	676,850	
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	674,607	676,850	
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	674,607	676,850		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	674,607
2	Enter amount from Part I, line 27a . . . . .	2	2,617
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	677,224
5	Decreases not included in line 2 (itemize) ▶ _____	5	374
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	676,850

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1 a</b> UBS 90479- SEE SCHEDULE	P		
<b>b</b> UBS 90479- SEE SCHEDULE	P		
<b>c</b> UBS 90479- SEE SCHEDULE	P		
<b>d</b> UBS 90467-JOHN HANCOCK PRF INC FD	P	2015-07-01	2017-03-09
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 28,569		26,939	1,630
<b>b</b> 53,546		50,889	2,657
<b>c</b> 113,344		104,452	8,892
<b>d</b> 20,722		20,491	231
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			1,630
<b>b</b>			2,657
<b>c</b>			8,892
<b>d</b>			231
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	19,225
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	2,657

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐

Yes

☒

No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	36,736	693,807	0 052948
2015	39,085	740,155	0 052807
2014	40,112	755,937	0 053063
2013	38,028	747,359	0 050883
2012	63,411	676,566	0 093725

<b>2</b> Total of line 1, column (d)	2	0 303426
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 060685
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	717,632
<b>5</b> Multiply line 4 by line 3	5	43,549
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	353
<b>7</b> Add lines 5 and 6	7	43,902
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	31,959

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

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	706
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	706
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	706
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	1,060
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	1,060
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	354
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> 354 <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> DE, FL _____		
<b>b</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? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> 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 taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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).	<b>11</b>		<b>No</b>
<b>12</b>	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).	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>▶</b> JOANN F SCHWALM Telephone no <b>▶</b> (772) 546-3548			

Located at **▶** 5983 SE MOURNING DOVE WAY HOBE SOUND FL ZIP+4 **▶** 33455

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <b>▶</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>▶</b> <b>15</b>			
<b>16</b>	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <b>▶</b> <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	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? <input type="checkbox"/>	<b>1c</b>		
<b>2</b>	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))			
<b>a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</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, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/>	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	<b>4b</b>		<b>No</b>

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

<b>5a</b> During the year did the foundation pay or incur any amount to <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	<b>5b</b>		
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes" to 6b, file Form 8870</i>	<b>6b</b>		<b>No</b>
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>		

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JOANN F SCHWALM 5983 SE MOURNING DOVE WAY HOBE SOUND, FL 33455	PRESIDENT/DI 1 00	0	0	0
J BRADFORD SCHWALM 240 EAST GRANADA AVENUE HERSHEY, PA 17033	TREAS/DIRECT 1 00	0	0	0
MATSON F SCHWALM 2620 N WAYNE AVE CHICAGO, IL 60614	DIRECTOR 0 50	0	0	0
DUGAN H SCHWALM 225 N COLUMBUS DRIVE APT 3809 CHICAGO, IL 60601	DIRECTOR 0 50	0	0	0

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

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

3

Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 . . . . . ▶

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	693,592
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	33,876
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	1,092
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	728,560
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	728,560
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	10,928
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	717,632
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	35,882

**Part XI 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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	35,882
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	706
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	706
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	35,176
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	35,176
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	35,176

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	31,959
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	31,959
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	31,959

**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 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				35,176
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . . 33,741				
<b>b</b> From 2013. . . . . 1,236				
<b>c</b> From 2014. . . . . 3,161				
<b>d</b> From 2015. . . . . 2,525				
<b>e</b> From 2016. . . . . 2,650				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	43,313			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 31,959				
<b>a</b> Applied to 2016, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2017 distributable amount. . . . .				31,959
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	3,217			3,217
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	40,096			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .	30,524			
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	9,572			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . . 1,236				
<b>b</b> Excess from 2014. . . . . 3,161				
<b>c</b> Excess from 2015. . . . . 2,525				
<b>d</b> Excess from 2016. . . . . 2,650				
<b>e</b> Excess from 2017. . . . .				

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

<b>1</b>	<b>Information Regarding Foundation Managers:</b>
<b>a</b>	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) )
<b>b</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

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. (see instructions) 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

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient 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
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	28,500
<b>b</b> <i>Approved for future payment</i> CAMP MANITO-WISH PO BOX 246 BOULDER JUNCTION, WI 545120246	NONE	PUBLIC	GENERAL SUPPORT-100TH ANNIVERSARY	6,500
RIVER HOSPITAL 4 FULLER STREET ALEXANDRIA BAY, NY 13607	NONE	PUBLIC	EMERGENCY DEPARTMENT BAY	20,000
<b>Total</b> . . . . .			<b>3b</b>	26,500

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, 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 has any knowledge.		
	***** Signature of officer or trustee	2018-11-15 Date	***** Title

May the IRS discuss this return with the preparer shown below (see instr )? ☐ Yes ☒ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN
	NANCY G TADLER		2018-11-15		P00007340
	Firm's name ▶ NANCY G TADLER CPA				Firm's EIN ▶ 06-1458079
	Firm's address ▶ 2 TADLER DRIVE MAHOPAC, NY 105411706				Phone no (845) 628-6050

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AI DUPONT INSTITUTE HOSPITAL FOR CHILDREN 1600 ROCKLAND ROAD WILMINGTON, DE 19803	NONE	PUBLIC	GENERAL SUPPORT	250
ANTIQUE BOAT MUSEUM 750 MARY STREET CLAYTON, NY 13624	NONE	PC	GENERAL SUPPORT	1,000
BOYS & GIRLS CLUB OF MARTIN COUNTY 11500 SE LARES AVE HOBE SOUND, FL 33475	NONE	501(C)(3)	GENERAL SUPPORT	250
<b>Total . . . . . ▶</b> <b>3a</b>				28,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BRUNSWICK SCHOOL 100 MAHER AVENUE GREENWICH, CT 06830	NONE	501C3	AF ALUMNI- BESS HUBBARD SCHOLARSHIP	500
CAMP MANITO-WISHPO BOX 246 BOULDER JUNCTION, WI 54512	NONE	501(C)(3)	GENERAL SUPPORT-100TH ANNIVERSARY	3,500
CHRIST MEMORIAL CHAPEL 52 SOUTH BEACH ROAD HOBE SOUND, FL 33455	NONE	501(C)(3)	GENERAL SUPPORT	750
<b>Total . . . . . ▶</b> <b>3a</b>				28,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
DENSMORE CHURCHPO BOX 571 WELLESLEY ISLAND, NY 13640	NONE	PUBLIC	GENERAL SUPPORT	250
EVERGLADES FOUNDATION 1800 OLD CUTLER ROAD SUITE 625 PALMETTO BAY, FL 33157	NONE	501(C)(3)	GENERAL SUPPORT	250
FRIENDS OF THE NATURE CENTER 44927 CROSS ISLAND ROAD FINEVIEW, NY 13640	NONE	PUBLIC	GENERAL SUPPORT	500
<b>Total . . . . . ▶</b> <b>3a</b>				28,500



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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
GLEN VIEW CLUB SCHOLARSHIP FUND 100 GOLF ROAD GOLF, IL 600290309	NONE	PUBLIC	GENERAL SUPPORT	250
GUARDIANS OF MARTIN COUNTY PO BOX 1489 HOBE SOUND, FL 33475	NONE	501(C)(3)	GENERAL SUPPORT	500
HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 13323	NONE	PUBLIC	GENERAL SUPPORT	1,000
Total . . . . . ▶ 3a				28,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HERSHEY VOLUNTEER FIRE DEPARTMENT 21 W CARACAS AVENUE HERSHEY, PA 17033	NONE	PUBLIC	GENERAL SUPPORT	250
HOBE SOUND COMMUNITY CHEST PO BOX 511 HOBE SOUND, FL 334750511	NONE	PUBLIC	GENERAL SUPPORT- ANNUAL FUND	500
LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E CHICAGO AVE CHICAGO, IL 60611	NONE	501(C)(3)	GENERAL SUPPORT	250
<b>Total . . . . .</b> <div> <div></div> <div>3a</div> </div>				28,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MARTIN HEALTH FOUNDATION PO BOX 9010 STUART, FL 349959010	NONE	501(C)(3)	GENERAL SUPPORT	500
RIVER HOSPITAL4 FULLER STREET ALEXANDRIA BAY, NY 13607	NONE	PUBLIC	GENERAL SUPPORT	2,500
RIVER HOSPITAL4 FULLER STREET ALEXANDRIA BAY, NY 13607	NONE	PUBLIC	EMERGENCY DEPARTMENT BAY	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				28,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RUSH UNIVERSITY MEDICAL CENTER WOMEN'S BOARD 1725 WEST HARRISON STREET SUITE 545 CHICAGO, IL 606123824	NONE	PUBLIC	GENERAL SUPPORT	250
SACRED HEART SCHOOLS 6250 N SHERIDAN ROAD CHICAGO, IL 60660	NONE	501(C)(3)	GENERAL SUPPORT-ANNUAL FUND	2,000
SAVE THE RIVER409 RIVERSIDE DRIVE CLAYTON, NY 13624	NONE	PUBLIC	GENERAL SUPPORT	250
<b>Total . . . . .</b> ► <b>3a</b>				28,500


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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
ST CHRYSOSTOM'S CHURCH 1424 NORTH DEARBORN PKWY CHICAGO, IL 60610	NONE	PUBLIC	GENERAL SUPPORT	1,000
THOUSAND ISLANDS ARTS CENTER 314 JOHN STREET CLAYTON, NY 13624	NONE	501(C)(3)	GENERAL SUPPORT	250
THOUSAND ISLANDS EMERGENCY RESCUE SERVICE100 UNION STREET CLAYTON, NY 13624	NONE	PUBLIC	GENERAL SUPPORT	500
<b>Total . . . . . ▶</b> <b>3a</b>				28,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THOUSAND ISLAND LAND TRUST PO BOX 238 135 JOHN STREET CLAYTON, NY 13624	NONE	501(C)(3)	GENERAL SUPPORT	250
UNITED WAY OF MARTIN COUNTY 10 SE CENTRAL PKWY SUITE 101 STUART, FL 34994	NONE	PC	GENERAL SUPPORT	500
UNIVERSITY OF CHICAGO BOOTH SCHOOL 1427 EAST 60TH STREET SUITE 120 CHICAGO, IL 60637	NONE	PUBLIC	GENERAL SUPPORT- ANNUAL FUND	1,000
<b>Total . . . . .</b> <b>3a</b>				28,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF WISCONSIN-MADISON 1848 UNIVERSITY AVENUE MADISON, WI 537264090	NONE	PUBLIC	DEPRTMENT OF HISTORY ANNUAL FUND	250
VANDERBILT UNIVERSITY COLLEGE OF ARTS & SCIENCE 2301 VANDERBILT PLACE NASHVILLE, TN 372357727	NONE	PUBLIC	GENERAL SUPPORT	500
VANDERBILT UNIVERSITY SCHOOL OF ENGINEERING 2301 VANDERBILT PLACE NASHVILLE, TN 372357727	NONE	PUBLIC	GENERAL SUPPORT	500
<b>Total . . . . .</b> ▶ <b>3a</b>				28,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
VERA HOUSE INC723 JAMES STREET SYRACUSE, NY 13203	NONE	PUBLIC	GENERAL SUPPORT	250
WATERSIDE SCHOOL 53 FAIRFIELD AVENUE STAMFORD, CT 06902	NONE	PUBLIC	GENERAL SUPPORT	500
WELLESLEY ISLAND FIRE DEPT POBOX 250 WELLESLEY ISLAND, NY 13640	NONE	PUBLIC	GENERAL SUPPORT	1,500
<b>Total . . . . . ▶</b> <b>3a</b>				28,500



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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WOMEN'S BOARD OF NORTHWESTERN MEMORIAL HOSPITAL 541 NORTH FAIRBANKS COURT SUITE 800 CHICAGO, IL 60611	NONE	PUBLIC	GENERAL SUPPORT	1,000
<b>Total</b> . . . . . 				28,500
<b>3a</b>				

**TY 2017 Accounting Fees Schedule****Name:** TWIN TREES FOUNDATIONINC**EIN:** 91-2092293**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
TAX PREPARATION	3,020			3,020

**TY 2017 Investments Corporate Stock Schedule**

**Name:** TWIN TREES FOUNDATIONINC  
**EIN:** 91-2092293

Name of Stock	End of Year Book Value	End of Year Fair Market Value
20 SH ACTIVISION BLIZZARD INC		
12 SH AFLAC INC		
5 SH ALLERGAN PLC		
22 SH ALLSTATE CORP		
16 SH ALNYLAM PHARMACEUTICALS INC		
3 SH AMAZON INC	1,213	3,508
11 SH AMERICAN EXPRESS		
8 SH ARISTA NETWORKS INC		
3 SH BIOGEN INC		
5 SH BROADCOM LTD		
30 SH CATALENT INC		
10 SH CATERPILLAR INC		
19 SH CBS CORP		
6 SH CIGNA CORP		
24 SH COLFAX CORP		
14 SH DIGITAL REALTY TRUST INC REIT		
9 SH ELECTRONIC ARTS		
14 SH EMERGENT BIOSOLUTIONS INC		
12 SH EOG RESOURCES		
6SH EXXON MOBIL		
21 SH FACEBOOK INC	1,999	3,706
49 SH GENERAL MOTORS CO	1,627	2,009
44 SH GENERAL ELECTRIC CO	1,250	768
12 SH GULFPORT ENERGY CORP		
8 SH AON PLC		
13 SH HALLIBURTON CO		
6 SH HESS CORP		
27 SH INTEGRATED DEVICE TECH INC		
26 SH JABIL CIRCUIT INC		
30 SH JP MORGAN CHASE	1,020	3,208

Name of Stock	End of Year Book Value	End of Year Fair Market Value
30 SH KROGER CORP		
6 SH LABORATORY CORP		
72 SH LAREDO PETROLEUM INC		
48 SH LEXICON PHARMACEUTICAL		
15 SH LILLY ELI & CO		
22 SH LINCOLN NATL CORP		
14 SH LYONDELLBASELL INDUSTRIES		
7 SH MACROGENICS INC		
12 SH MALLINKRODT PUB LTD CO		
4 SH MARTIN MARIETTA MATERIALS INC		
88 SH MARVELL TECHNOLOGY GROUP INC		
16 SH MAXIM INTEGRATED PRODUCTS INC		
19 SH MEDICINES CO		
18 SH METLIFE INC		
72 SH MICRON TECHNOLOGY		
44 SH MONDELEZ INTL INC		
30 SH MORGAN STANLEY	888	1,574
30 SH NEWELL BRANDS INC		
11 SH NEXTERA ENERGY INC		
31 SH NOBLE CORP PLC		
7 SH NORFOLK SOUTHERN CORP		
36 SH NORWEGIAN CRUISE LINE HLDGS		
89 SH OASIS PETROLEUM INC		
55 SH ON SEMICONDUCTOR CORP		
10 SH PDC ENERGY INC		
18 SH PEPSICO INC		
16 SH PHILIP MORRIS INTL INC		
1 SH PRICELINE GROUP INC		
14 SH PTC INC		
13 SH QORVO INC		

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
3 SH BIO RAD LABORATORIES INC		
11 SH SILICON LABORATORIES INC		
5 SH SIMON PPTY GROUP INC		
8 SH SKYWORKS SOLUTIONS INC		
30 SH 5M ENERGY INC		
12 SH T-MOBILE US INC		
14 SH TAKE TWO INTERACTICE SOFTWARE		
16 SH TG THERAPEUTICS INC		
13 SH UNION PACIFIC CORP		
7 SH UNITED HEALTH GROUP	183	1,543
13 SH UNITED TECHNOLOGIES CORP		
15 SH US BANCORP		
17 SH VISA INC	1,190	1,938
13 SH WALGREENS BOOTS ALLIANCE INC		
15 SH WALT DISNEY CO	1,138	1,613
17 SH WRIGHT MEDICAL GROUP INC		
12 SH WSTN DIGITAL CORP		
100 SH W P CAREY REIT	3,437	6,890
13 SH XILINX INC		
14 SH YUM CHINA HLDGS INC		
14 SH YUM BRANDS INC		

**TY 2017 Investments Government Obligations Schedule****Name:** TWIN TREES FOUNDATIONINC**EIN:** 91-2092293**US Government Securities - End  
of Year Book Value:**

84,658

**US Government Securities - End  
of Year Fair Market Value:**

84,655

**State & Local Government  
Securities - End of Year Book  
Value:****State & Local Government  
Securities - End of Year Fair  
Market Value:**

**TY 2017 Investments - Other Schedule**

**Name:** TWIN TREES FOUNDATIONINC  
**EIN:** 91-2092293

**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
450 SH ALERIAN MLP ETF	AT COST	5,632	4,856
250 SH ALERIAN MLP ETF	AT COST	2,657	2,698
500 SH ALERIAN MLP ETF	AT COST	5,699	5,395
800 SH ALERIAN MLP ETF	AT COST	10,186	8,632
1488.095 SH AQR STYLE PREMIA ALT FD	AT COST	15,000	15,402
160.836 SH BARON REAL ESTATE FUND	AT COST	4,000	4,758
282.771 SH BARON REAL ESTATE FUND	AT COST	6,450	8,364
26.363 SH BARON REAL ESTATE FUND	AT COST	743	780
448.188 SH BARON REAL ESTATE FUND	AT COST		
551.67 FIRST EAGLE OVERSEAS FUND CL	AT COST	12,205	13,621
541.973 FIRST EAGLE OVERSEAS FUND	AT COST		
219.443 SH FIRST EAGLE GLOBAL FUND	AT COST	10,000	12,960
146.256 SH FIRST EAGLE GLOBAL FUND	AT COST	7,505	8,638
92.604 SH FIRST EAGLE GLOBAL FUND	AT COST	4,855	5,469
442.724 FIRST EAGLE GLOBAL FUND	AT COST		
125 SH FIRST TRUST DOW JONES INTERNE	AT COST	10,580	13,735
402.431 SH FMI INTERNATIONAL FUND	AT COST	12,250	13,659
80359 SH FMI INTERNATIONAL FUND	AT COST	269	284
2.869 SH FMI INTERNATIONAL FUND	AT COST		
491.642 SH FMI LARGE CAP FUND	AT COST	10,000	10,570
502.765 SH FMI LARGE CAP FUND	AT COST	10,000	10,809
255.493 SH FMI LARGE CAP FUND	AT COST	5,000	5,493
191.284 SH FMI LARGE CAP FUND	AT COST	3,980	4,113
1327.906 SH FMI LARGE CAP FUND	AT COST		
743.625 FRANKLIN TEMPLETON GLOBAL	AT COST	9,802	8,842
125 SH GUGGENHEIM S&P 500 EQUAL	AT COST	9,886	12,629
125 SH GUGGENHEIM S&P 500 EQUAL	AT COST	11,445	12,629
1353.703 SH KELLNER MERGER FD	AT COST	14,515	14,254
206.801 LORD ABBETT ALPHA STRATEGY F	AT COST	4,500	5,501
170.662 LORD ABBETT ALPHA STRATEGY F	AT COST	4,559	4,540

**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
336.954 LORD ABBETT ALPHA STRATEGY	AT COST		
866.362 LORD ABBETT BOND DEB FD CL A	AT COST		
113.861 LORD ABBETT BOND DEB FD	AT COST	905	939
302.115 LORD ABBETT BOND DEB FD	AT COST	2,005	2,492
455.566 LORD ABBETT BOND DEB FD	AT COST	3,411	3,758
3469.966 LORD ABBETT SHORT DURATION	AT COST	16,027	14,747
1738.118 SH METROPOLITAN WEST TTL FD	AT COST	18,758	18,528
1430 CBRE CLARION GLOBAL REAL EST	AT COST	11,530	11,326
608.834 PIMCO REAL ESTATE REAL FUND	AT COST		
272.857 PIMCO REAL ESTATE REAL RET F	AT COST	2,924	2,076
321.337 PIMCO REAL ESTATE REAL RET F	AT COST	2,505	2,445
14.641 PIMCO REAL ESTATE REAL RET F	AT COST	107	111
986.343 SH PRINCIPAL SMALL MIDCAP DI	AT COST	13,005	16,876
44.676 SH PRINCIPAL SMALL-MIDCAP DIV	AT COST	765	764
330.896 SH PRUDENTIAL JENNISON HEALT	AT COST		
319.026 PRUDENTIAL JENNISON HLTH SCI	AT COST	11,005	14,296
28.186 PRUDENTIAL JENNISON HLTH SCI	AT COST	1,152	1,263
2400.1 SH RIDGEWORTH FDS SEIX HI YLD	AT COST		
1177 JOHN HANCOCK PREFERRED INCOME F	AT COST		
2529.61 BLACKROCK STRATEGIC INCOME A	AT COST	25,616	25,195
2450.329 BLACKROCK GLOBL LONG/SHORT	AT COST	26,016	25,336
4554.871 BLACKROCK MULTI-ASSET	AT COST	50,697	50,422
4542.184 BLACKROCK MULTI-ASSETINC PO	AT COST		
70 SH VANGUARD MIDCAP ETF	AT COST	9,806	10,835
1550.388 VIRTUS SEIX HIGH INCOME FUN	AT COST	10,005	10,124
1631.854 VIRTUS SEIX HIGH YIELD FD	AT COST	12,505	13,398
768.246 VIRTUS SEIX HIGH YIELD FD	AT COST	6,005	6,307
5061.952 NEUBERGER BERMAN LONG SHORT	AT COST	61,898	72,841
3569 SH WESTERN ASSET HIGH INC OPP F	AT COST	17,033	178,095
3501.48 SH ALLIANZ FIXED INCOME	AT COST	32,179	32,424



**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
3774.107 SH ALLIANZ FIXED INCOME	AT COST	34,646	34,948
59.87 SH ALLIANZ FIXED INCOME	AT COST	551	554

**TY 2017 Other Assets Schedule****Name:** TWIN TREES FOUNDATIONINC**EIN:** 91-2092293**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
WP CAREY DIV RECEIVABLE	99	101	101
DIVIDENDS RECEIVABLE- MUTUAL FUNDS	441	496	496
PREPAID EXCISE TAX	1,060	354	354
INTEREST RECEIVABLE		1	1

**TY 2017 Other Decreases Schedule**

**Name:** TWIN TREES FOUNDATIONINC  
**EIN:** 91-2092293

Description	Amount
BOOK AMORTIZATION-OID	374

**TY 2017 Other Expenses Schedule****Name:** TWIN TREES FOUNDATIONINC**EIN:** 91-2092293**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
INVESTMENT EXPENSES 90479	1,564	1,564		
TRUSTEE EXPENSES	80	80		
CT CORP REPRESENTATION FEES	439			439

## TY 2017 Other Income Schedule

**Name:** TWIN TREES FOUNDATIONINC

**EIN:** 91-2092293

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
UBS 90467 DEFERRED INCOME	101	101	

**TY 2017 Taxes Schedule****Name:** TWIN TREES FOUNDATIONINC**EIN:** 91-2092293

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
EXCISE TAX	706			
FOREIGN TAXES PAID	48	48		