Form 993, 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.

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2017

► Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2017 or tax year beginning DEC 1. 2017 and ending NOV 30 2018 Name of foundation A Employer identification number KLORFINE FOUNDATION 22-7743385 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number C/O 2700 NORTH OCEAN DR., APT. 610-716-2625 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here RIVIERA BEACH, FL 33404 Initial return G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) 45,191,912. Part I | Analysis of Revenue and Expenses (d) Disbursements (b) Net investment (c) Adjusted net (a) Revenue and The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) charitable purpos (cash basis only) expenses per books income income 12,749,515 N/A Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch 8 Interest on savings and temporary cash investments 2,244,236. 2,244,236 4 Dividends and interest from securities STATEMENT 5a Gross rents RECEIVED b Net rental income or (loss) 482,481 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 8a 10,535,634. Ö 482,481 7 Capital gain net income (from Part IV, line 2) OGDEN 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 14,993 14,993 STATEMENT 11 Other income 15,491,225 741,710 Total, Add lines 1 through 11 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees STMT 3 24,566. 24,566 0. c Other professional fees 17 Interest
18 Taxes Sr
19 Depreciation and depletion
20 Occupancy
21 Travel, conferences, and meetings
22 Printing and publications
23 Other expenses S
24 Total operating and administrativ
25 expenses. Add lines 13 through 2
26 Contributions, gifts, grants paid 509 509 0. 23,902 STMT 4 0. 0. 9,337 0. STMT 5 9,271 8,768 0. 67,585 33,843 ,577,118 577 118. 26 Total expenses and disbursements. 2,644,703 Add lines 24 and 25 27 Subtract line 26 from line 12: 12,846,522 8 Excess of revenue over expenses and disbursements 707,867 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

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

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	-	O-PF(2017) KLORFINE FOUNDATION		22	-7743385 Page 2
D	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
_	ait	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	471,705.	12,263	. 12,263.
	3	Accounts receivable ►	· ·	•	
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶		_	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable		· · · · · · · · · · · · · · · · · · ·	
	`	Less: allowance for doubtful accounts			
'n	8	Inventories for sale or use		··	
ssers	1	Prepaid expenses and deferred charges			
Š	1	Investments - U.S. and state government obligations	-		
	l	Investments - corporate stock STMT 7	17,681,887.	18,823,960	. 20,428,149.
	l	Investments - corporate bonds STMT 8	12,636,784.	25,079,474	
	11	Investments - Land, buildings, and equipment basis	<u> </u>	20,010,214	21/131/3001
	''				
	12	Less accumulated depreciation Investments - mortgage loans			
	1	Investments - other		<u> </u>	
	13	· · · · · · · · · · · · · · · · · · ·		•	
	14	Land, buildings, and equipment: basis			· '
		Less accumulated depreciation			
		Other assets (describe			
	16	Total assets (to be completed by all filers - see the	30,790,376.	12 015 607	. 45,191,912.
	47	Instructions. Also, see page 1, item I)	30,730,370.	43,313,031	• 45,151,512.
		Accounts payable and accrued expenses			-
		Grants payable Deferred revenue			
les	19				-
	20 21	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable			┦ ΄
2		Other liabilities (describe STATEMENT 9)	0.	375,678	_
	22	Other habilities (describe		3131010	┪
	23	Total liabilities (add lines 17 through 22)	0.	375,678	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			
Š	24	Unrestricted			
מב		Temporarily restricted			
or rund balances	1	Permanently restricted			
2		Foundations that do not follow SFAS 117, check here			
7		and complete lines 27 through 31			
_	27	Capital stock, trust principal, or current funds	4,641,326.	4,641,326	<u>.</u> l
F.SSetS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0	<u>.</u>
	29	Retained earnings, accumulated income, endowment, or other funds	26,149,050.	38,898,693	<u>.</u>
Net	30	Total net assets or fund balances	30,790,376.	43,540,019	<u>.</u>
	31	Total liabilities and net assets/fund balances	30,790,376.	<u>43,915,697</u>	
Р	art	III 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 30,790,376.
	-	r amount from Part I, line 27a		<u> </u>	2 12,846,522.
		r increases not included in line 2 (itemize)			3 0.
		lines 1, 2, and 3			4 43,636,898.
		eases not included in line 2 (itemize)	SEE STA		96,879.
;	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		6 43,540,019.

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

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.

Enter 1% of net investment income (1% of Part I, line 27b)

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<u>2,492,118.</u>

2,577,118.

8 Enter qualifying distributions from Part XII, line 4

7 Add lines 5 and 6

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27,079.

6

7

8

	α			.•	
Form 990-PF (2017) KLORFINE FOUNDATION	7	22-7743		Page 4	
Part VI Excise Tax Based on Investment Income (Section 4940)		1948 - see	Instruct	ions	
(nter "N/A" on line 1.	; .			
Date of ruling or determination letter: (attach copy of letter if nec					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	1	27,	<u>079.</u>		
of Part I, line 27b	• .	•			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%			~ · .	•	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; ot	hers, enter -0-)	2	27	0.	
3 Add lines 1 and 2		3	41,	079.	-
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of	iners, enter -U-)	4	27	0.	
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	<u> </u>	079.	•
6 Credits/Payments:	10 10 000				
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 18,000.	1			
b Exempt foreign organizations - tax withheld at source		1			
 c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 	6c 0.	1			
•	0.	7 -	1.0	. 000 ·	
 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached. 	chad	8		356.	
 8 Enter any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attace. 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 	Liled	9	<u> </u>	435.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		433.	•
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunded	11			•
Part VII-A Statements Regarding Activities	Tretainaco P	 '' 			•
1a During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation or did it participate or intervene	: IN	Ye	s No	•
any political campaign?			1a	X	•
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses? See the instructions for the defir	nition	1b	Х	•
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of			-	1	•
distributed by the foundation in connection with the activities.	·		1 _ 1		
c Did the foundation file Form 1120-POL for this year?			1c	X	_
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year:			•	
(1) On the foundation. > \$ (2) On foundation managers	. ▶ \$0.	-	ł		
e Enter the reimbursement (if any) paid by the foundation during the year for political expendi	ture tax imposed on foundation				
managers. ► \$ 0 .					
2 Has the foundation engaged in any activities that have not previously been reported to the IF	RS?		2	<u> </u>	-
If "Yes," attach a detailed description of the activities.			-		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstrument, articles of incorporation,	or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	_		3	<u> X</u>	_
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	r?	37/3	4a	<u> </u>	-
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	-	-
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	X	-
If "Yes," attach the statement required by General Instruction T.	åla om				
Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	mer.		'	·	
 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandator 	y directions that conflict with the stat	a law			•
	y directions that connict with the stat	C IQVV	6 2	K	
remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	slata Part II col (c) and Part XV			K	-
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	nete Fait it, col. (c), and Fait Av			-	-
8a Enter the states to which the foundation reports or with which it is registered. See instruction	ine 🕨		-		
PA			.		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney General (or designate)				
of each state as required by General Instruction G? If "No," attach explanation			8b 2	X .	\
9 Is the foundation claiming status as a private operating foundation within the meaning of se	ction 4942(i)(3) or 4942(i)(5) for cal	endar	1	· ·	- '/
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," com			9	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a scheduler			10	Х	_
		F	orm 990-l	PF (2017)

22-7743385 Page 5 Form 990-PF (2017) KLORFINE FOUNDATION Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions 11 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 12 Х 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.KLORFINEFOUNDATION.ORG Telephone no > 610-716-262514 The books are in care of ▶ THE TRUSTEES APT. 2103A, Located at ► 2700 NORTH OCEAN DR., ZIP+4 ▶33404 RIVIERA BEACH, 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here N/Λ and enter the amount of tax exempt interest received or accrued during the year Yes No 16 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 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 No 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): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, land money to, or otherwise extend credit to (or accept it from) Yes 🗶 No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (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 ancwer is "Yes" to 1a(1)-(6), did any 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? Gee instructions N/A16 Organizations rolying 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? 10 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 before 2017? If "Yes," list the years 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 line Yes X No during the year? b 1f "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,

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Зb

4a

N/A

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

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

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

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

Form 990-PF (2017) KLORFINE FOUNDATION 22-7743385 Rage 6 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)						
	Offit 4720 Way be I	nequired (continu	uea)	- Yes I	No	
 5a During the year, did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section) 	□ v.	s X No -		-		
(2) Influence the outcome of any specific public election (see section 4955); of			3 140 7		٠,٠	
any voter registration drive?	in to carry on, uneccay or main		s X No	والمراث أأكاه	.;; .	
(3) Provide a grant to an individual for travel, study, or other similar purposes	າ	_		r,		
(4) Provide a grant to an individual for flavol, study, or other similar purposes		١٥ الــــــــــــــــــــــــــــــــــــ				
4945(d)(4)(A)? See instructions	ii described iii section	v	s X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,		۔ ۱۱۱۰ تماد:				
the prevention of cruelty to children or animals?		s X No		٠.		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described					
section 53.4945 or in a current notice regarding disaster assistance? See instri		in regulations	N/A	5b -		
Organizations relying on a current notice regarding disaster assistance. See main						
		inad		-		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for		I/A 🗀 Ye	s No	` ~.		
expenditure responsibility for the grant?	T.	1/A	:S L NU	,	•	
If "Yes," attach the statement required by Regulations section 53.4945-5(d)			٦.	. " :		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No	• . • `	٠	
a personal benefit contract?		Y6		-	v	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> -</u>	6b	<u>X</u> _	
If "Yes" to 6b, file Form 8870.		<u> </u>	(.	.4	-	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	- ` -		
b If "Yes," did the foundation receive any proceeds or have any net income attributed Part, VIII Information About Officers, Directors, Trust		name Himble		7b		
Part.VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, roundation wia	inagers, n ignij	<i>,</i>			
1 List all officers, directors, trustees, and foundation managers and t	heir 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 deterred compensation	(e) Expen account, o allowanc	ther	
LEONARD KLORFINE	TRUSTEE	enter -o-j	compensation	anowano		
2700 NORTH OCEAN DR., APT. 2103A	TROBILL					
RIVIERA BEACH, FL 33404	10.00	0.	0.		0.	
	TRUSTEE				<u>••</u>	
2700 NORTH OCEAN DR., APT. 2103A	11100100					
RIVIERA BEACH, FL 33404	10.00	0.	o.		0.	
KIVIERA BEACH, FE 33404	10.00					
<u> </u>						
	1					
	1					
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."	<u></u>			
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Exper	ise	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, o allowanc		
NONE		-				
1101111						
		 	· · · · · · · · · · · · · · · · · · ·	· · · · · · ·		
	1			[
· · · · · · · · · · · · · · · · · · ·				<u> </u>	—	
	1		1	1		
	 	 				
	1					
Total number of other employees paid over \$50,000	<u>l </u>		<u> </u>	1	0	

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Total. Add lines 1 through 3

All other program-related investments. See instructions.

P	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	<u>39,645,931.</u>
b	Average of monthly cash balances	1b	81,313.
C	Fair market value of all other assets	1c	0.
đ	Total (add lines 1a, b, and c)	1d	39,727,244.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	39,727,244.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	<u>595,909.</u>
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	<u>39,131,335.</u>
6	Minimum investment return. Enter 5% of line 5	6	1,956,567.
Р	Part XI. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here ▶ ☐ and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	_1	1,956,567.
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.)		
C	Add lines 2a and 2b	2c	27,079.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,929,488.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,929,488.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,929,488.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	-	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,577,118.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	- <u></u> -
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	<u>-</u>
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	2,577,118.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	-	
	income. Enter 1% of Part I, line 27b	5	27,079.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	2,550,039.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies fo	or the section

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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
1 Distributable amount for 2017 from Part XI,				
line 7				1,929,488.
2 Undistributed income, if any, as of the end of 2017			_ ,	
a Enter amount for 2016 only		١	0.	
b Total for prior years:				,
		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012		,		-
b From 2013 152,796.		·		
c From 2014 392,806.				
d From 2015 516, 915.	•			
e From 2016 396, 951.				
f Total of lines 3a through e	1,459,468.			
4 Qualifying distributions for 2017 from	•		,	
Part XII, line 4: ►\$ 2,577,118.				
a Applied to 2016, but not more than line 2a		•	0.	6 4
b Applied to undistributed income of prior	, , ,			
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			"	
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				1,929,488.
e Remaining amount distributed out of corpus	647,630.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:	2,107,098.			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,107,030.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years'	 			
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		•
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	<u> </u>
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			•
8 Excess distributions carryover from 2012				-
not applied on line 5 or line 7	0.	·		
9 Excess distributions carryover to 2018.		•		
Subtract lines 7 and 8 from line 6a	2,107,098.		•	
io Analysis of line 9:			,	
a Excess from 2013 152,796.				
b Excess from 2014 392,806.	,	,	, , ,	
c Excess from 2015 516, 915.			~ * * 1	
d Excess from 2016 396,951.			-	
e Excess from 2017 647,630.	•	· ·		Form 990-PF (2017)

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Form **990-PF** (2017)

	E FOUNDATIO				43385 Page 10
Part XIV Private Operating Fo			I-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for		=	▶ ∟	, 	/
b Check box to indicate whether the found	ation is a private operati	ng foundation described			042(J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		. /
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					1
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		ļ			
exempt activities					
e Qualifying distributions made directly				/	
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			 	-	
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets			 / 	-	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		,	1		
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter		/			
(1) Total support other than gross		/			
investment income (interest,					
dividends, rents, payments on		/			
securities loans (section 512(a)(5)), or royalties)		/			
(2) Support from general public		 /			
and 5 or more exempt		/			
organizations as provided in		γ .			
section 4942(j)(3)(B)(III)	/				
(3) Largest amount of support from	{		•		
an exempt organization	<u>.</u>	<u></u>	 		
(4) Gross investment income	matica (Comple	to this port only	if the foundation	n had \$5 000 or m	ore in accets
Part XV Supplementary Info			if the foundation	n nad \$5,000 or m	ore in assets
	<u>-</u>	iuctions.)			
1 Information Regarding Foundation					
a List any managers of the foundation who			tributions received by th	e foundation before the clo	ose of any tax
year (but only if they have contributed m	iore than \$5,000). (See s	section 507(a)(2).)			
JEONARD KLORFINE				· · · · · · · · · · · · · · · · · · ·	
b List any managers of the foundation who other entity) of which the foundation has	o own 10% or more of th s a 10% or greater intere	ne stock of a corporation st.	(or an equally large por	tion of the ownership of a p	partnership or
IONE					
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. P	rograms:		
Check here 🕨 🗓 if the foundation o	nly makes contributions	to preselected charitable	organizations and does		uests for funds If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone number	ber or email address of t	he person to whom appl	ications should be addre	ecod:	
b The form in which applications should b	e submitted and informa	ation and materials they s	should include:		·····
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by goographic	al areas, charitable fields	, kinds of institutions, o	r other factors:	
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3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual,		Durance of great or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
SEE SCHEDULE ATTACHED	NONE	501(C)(3)	UNRESTRICTED	
				2,577,118.
		,		
		-	,	
				<u> </u>
	•			
Total	- ;		<u>▶ 3a</u>	2,577,118.
b Approved for future payment				
NONE				!
		,		
		İ		
	,			
				• •
Total			▶ 3b	L. 0.
				Form 990-PF (2017)

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	711100111	code	Amount	
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies			-		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	2 244 226	
4 Dividends and interest from securities			14	2,244,236.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			ļ.—		
6 Net rental income or (loss) from personal					
property 7 Other investment income			14	14,993.	
			14	14,333.	
8 Gain or (loss) from sales of assets other			18	482,481.	
than inventory Net income or (loss) from special events			10	302,301.	
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue:					
			-		
ab					
c					
d		<u> </u>			
e		-			
12 Subtotal. Add columns (b), (d), and (e)		0.		2,741,710.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	2,741,710.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
					
Line No. Explain below how each activity for which incom			contri	outed importantly to the accord	iplishment of
the foundation's exempt purposes (other than b	y providing it	inas for such purposes).		<u></u>	·
				 	
		 .			
					
	· · · · · ·				
					
					- -
					
<u> </u>					
					
					
	 .				· · · · · · · · · · · · · · · · · · ·
	·				
					5 000 DE (0047)

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Forn	m 990-PF (2017) KLORFINE FOUNDATION 22	2-7743385	Pa	ige 13
Pa	art XVII Information Regarding Transfers to and Transactions and Relationships With N Exempt Organizations	loncharitable)	
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)		Yes	No
	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
а	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(0) Purphase of seeds from a panelparitable average organization	15/21		v

a 112	nsiers from the reporting foundation to a noncharitable exempt or	ganization of.		į	1 1
(1)	Cash			1 <u>a(1)</u>	X
(2)	Other assets			1a(2)	X
b Oth	er transactions:			•	
(1)	Sales of assets to a noncharitable exempt organization			16(1)	X
(2)	Purchases of assets from a noncharitable exempt organization			1b(2)	X
(3)	Rental of facilities, equipment, or other assets			1b(3)	X
(4)	Reimbursement arrangements			1b(4)	X
(5)	Loans or loan guarantees			1b(5)	X
(6)	Performance of services or membership or fundraising solicitation	ons		1b(6)	1
c Sh	aring of facilities, equipment, mailing lists, other assets, or paid em	ployees		10	X
d Ift	ne answer to any of the above is "Yes," complete the following scho	edule. Column (b) should alw	ays show the fair m	arket value of the goods, other as	sets,
or ·	services given by the reporting foundation. If the foundation receiv	ed less than fair market value	in any transaction	or sharing arrangement, show in	
col	umn (d) the value of the goods, other assets, or services received.				
(a) Line n	o (b) Amount involved (c) Name of noncharitable	e exempt organization	(d) Description	of transfers, transactions, and sharing a	rrangements
	N/A				
			<u></u>		
					
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		<u> </u>		····	
	he foundation directly or indirectly affiliated with, or related to, one	e or more tax-exempt organiz	ations described		₹
	section 501(c) (other than section 501(c)(3)) or in section 527?			Yes	X No
b If"	es," complete the following schedule.	T (h) Turn of average trans		-\ Department of relationship	
	(a) Name of organization	(b) Type of organization		c) Description of relationship	
	N/A				
	Under penalties of perjury, I declare that I have examined this return, include	na accompanying schedules and s	statements, and to the h	pest of my knowledge	
Cian.	and belief, it is true, correct, and complete Declaration of preparer (other than	an taxpayer) is based on all informa	ation of which preparer	has any knowledge May the IRS	discuss this the preparer
Sign Here	N C. D. Ha C.	14/4/16	mpricana		w? See instr
HEIC	Supporting of officer or trustee		TRUSTE	E X Ye	s No
	Signature of officer or trustee	Date	Title	Check I If PTIN	
	Print/Type preparer's name Preparer's	Signature	Date	self- employed	
Paid	9/2 4	ed MB to con	4/4/10	, ,	2742
	DAVID J. BORTON POW	TO TENENT OF A	110111	P0139	
Prep	(Tillionalio P Bitter) Tarrette a sit	SSUCTATES		Firm's EIN ► 23-1994	7 Q T
Use (אוווכ y				

Firm's address ▶ 3466 PROGRESS DR, STE 108 BENSALEM, PA 19020

Phone no. 215-645-1311 Form **990-PF** (2017)

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Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

or 990-PF)

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

Employer identification number

	KI	ORFINE FOUNDATION	22-7743385						
Organiz	ation type (check o	· · · · · · · · · · · · · · · · · · ·							
Filers o	f:	Section:							
Form 99	00 or 990-EZ	501(c)() (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization							
Form 99	10-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							
Note: O	nly a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul							
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's							
Special	Rules								
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1 Complete Parts I and II.								
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.								
but it m	aution: 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), it 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 rtify 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)

Employer identification number

KI.ORF	INE FOUNDATION		22-7743385
Part [Contributors (see instructions) Use duplicate copies of Part I if additional copies of Part I	tional space is needed	22 // 15555
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1	KLORFINE INTERESTS, LTD. 2700 NORTH OCEAN DR., APT. 2103A RIVIERA BEACH, FL 33404	\$ <u>12,749,5</u> ; 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
	•		Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
			Person Payroll Noncash

(Complete Part II for noncash contributions)

Employer identification number

KLORFINE FOUNDATION

22-7743385

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
PUBLICLY TRADED SECURITIES		
	\$ 12,749,515.	05/30/18
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given .	(c) FMV (or estimate) (See instructions.)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Description of noncash property given (b) Description of noncash property given	Description of noncash property given PUBLICLY TRADED SECURITIES (b) Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (h) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.)

Employer identification number

KLORFI	NE FOUNDATION		22-7743385			
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religion. Use duplicate copies of Part III if addition.	columns (a) through (e) and the follov us, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year (Enterthis info once)			
(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, a	nd 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	t			
-	Transferee's name, address, a	nd 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			
	Transferee's name, address, a	(e) Transfer of gift	f gift Relationship of transferor to transferee			
(a) No.						
(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, a	and ZIP + 4	Relationship of transferor to transferee			

FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM SECU	RITIES	S'.	PATEME	NT 1
SOURCE	GROSS AMOUNT	CAPITA GAINA DIVIDE	3	(A) REVENUE PER BOOKS	NET I	(B) INVEST- INCOME	ADJ	C) USTED INCOME
MS #028-DIVIDENDS & INTEREST MS #109-DIVIDENDS	53,866.		0.	53,866	. 5	3,866.		
& INTEREST	2,020,619.		21.	2,020,598	. 2,02	20,598.		
MS #109-PREMIUM AMORTIZATION	<1,393.>	>	0.	<1,393	.> <	(1,393.	>	
WELLS FARGO-DIVIDENDS & INTEREST WELLS	171,198.		0.	171,198	. 17	71,198.		
FARGO-PREMIUM AMORTIZATION	<33.>	•	0.	<33	.>	<33.	>	
TO PART I, LINE 4	2,244,257.		21.	2,244,236	. 2,24	14,236.		
TODA 000 27								
		OTHER	RE	(A) VENUE	(B) NET IN) /EST-		C) USTED
DESCRIPTION TARGA RESOURCES - (PAYMENTS MS #109-SUBSTITUTE	PAYMENTS	-	RE	(A) VENUE	NET INV MENT II) /EST-	O) ADJU	······································
DESCRIPTION TARGA RESOURCES - (PAYMENTS MS #109-SUBSTITUTE TOTAL TO FORM 990-I	PAYMENTS	-	RE PER	(A) VENUE BOOKS 9,750. 5,243. 14,993.	NET INV MENT II	7EST- NCOME 9,750. 5,243.	O) ADJU	S) ISTED INCOME
DESCRIPTION TARGA RESOURCES - OPAYMENTS MS #109-SUBSTITUTE TOTAL TO FORM 990-I	PAYMENTS PF, PART I, I	LINE 11	RE PER	(A) VENUE BOOKS 9,750. 5,243. 14,993. FEES (B)	NET INV MENT IN 9 5 14	7EST- NCOME 9,750. 5,243.	(CHAF	S) ISTED INCOME
DESCRIPTION TARGA RESOURCES - (PAYMENTS MS #109-SUBSTITUTE TOTAL TO FORM 990-I	PAYMENTS PF, PART I, I	ACCOUN	PER PING NES ME	(A) VENUE BOOKS 9,750. 5,243. 14,993. FEES (B) T INVEST-	NET INV MENT IN 9 5 14) /EST- NCOME 9,750. 5,243. 4,993.	(CHAF	C) USTED INCOME

FORM 990-PF	TAXES		STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
990-PF TAX PA FILING FEE	23,887. 15.	0.		- 0.	
TO FORM 990-PF, PG 1, LN 18	23,902.	0.		0.	
FORM 990-PF	OTHER E	XPENSES	S'	ratement 5	
DESCRIPTION BROKERAGE FEES SUPPLIES	(A) EXPENSES PER BOOKS 3,970. 143.	(B) NET INVEST- MENT INCOME 3,970. 0.	(C) ADJUSTED NET INCOME	CHARITABLE PURPOSES 0.	
DUES & SUBSCRIPTIONS INVESTMENT ADVISOR WEBSITE ADMINISTRATION COMPUTER EXPENSES	1,933. 335. 360. 2,530.	1,933. 335. 0. 2,530.		0. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	9,271.	8,768.		0.	
FORM 990-PF OTHER DECREASE	ES IN NET AS	SETS OR FUND I	BALANCES S	PATEMENT 6	
DESCRIPTION				AMOUNT	
BOOK/TAX DIFFERENCE ON DONAT	ED SECURITIE	S		96,879.	
TOTAL TO FORM 990-PF, PART I	TT. LINE 5			96,879.	

FORM 990-PF	CORPORATE STOCK		STATEMENT '
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
MS #109 COMMON STOCKS-SCHED MS #109 PREFERRED STOCK-SCH MS #109 EXCHANGE TRADED & C WF STOCK-SCHEDULE ATTACHED MS #109 MUTUAL FUNDS-SCHEDU WF MUTUAL FUNDS-SCHEDULE AT	EDULE ATTACHED LOSED-END FUNDS LE ATTACHED	11,388,403. 341,706. 4,102,981. 1,782,512. 897,942. 310,416.	12,808,609 350,727 3,973,625 2,109,642 895,879 289,667
TOTAL TO FORM 990-PF, PART	II, LINE 10B	18,823,960.	20,428,149
FORM 990-PF	CORPORATE BONDS		STATEMENT
DESCRIPTION	·	BOOK VALUE	FAIR MARKET VALUE
MS #109 CORPORATE BONDS-SCH MS #109 FIXED-RATE CAPITAL WF CORPORATE BONDS-SCHEDULE	SECURITIES	23,765,987. 915,091. 398,396.	23,415,997 934,743 400,760
TOTAL TO FORM 990-PF, PART	II, LINE 10C	25,079,474.	24,751,500
FORM 990-PF	OTHER LIABILITIES		STATEMENT
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
MS #109 MARGIN LOAN	-	0.	375,678
TOTAL TO FORM 990-PF, PART	II, LINE 22	0.	375,678