Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990PF for instructions and the latest information. 2018, and ending For calendar year 2018 or tax year beginning Name of foundation A Employer identification number RIFKIN FAMILY FOUNDATION 31-1192429 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) (260)432-22335642 COVENTRY LANE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ FORT WAYNE IN 46804 Initial return of a former public charity G Check all that apply: ☐ Initial return D 1. Foreign organizations, check here ▶ □ ☐ Amended return ☐ Final return 2. Foreign organizations meeting the 85% test. ☐ Name change Address change check here and attach computation E If private foundation status was terminated under H Check type of organization:

☐ Section 501(c)(3) exempt private foundation (section 507(b)(1)(A), check here ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation J Accounting method: X Cash Accrual Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col. (c), under section 507(b)(1)(B), check here Other (specify) line 16) ▶ \$ 6,125,892. (Part I, column (d) must be on cash basis) (d) Disbursements Part Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per books purposes the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 100,000. 1 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 187,585 151,516 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Lifa Strit and Life and Life Gross sales price for all assets on line 6a 5,022,923 O. WHEREAL Capital gain net income (from Part IV, line 2) Net short-term capital gain . . Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) . Other income (attach schedule) See. Stmt 2<u>,</u>661 11 Total. Add lines 1 through 11 154,177. 181,421 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses Other employee salaries and wages . 14 15 Pension plans, employee benefits 16a Legal fees (attach schedule) RECEIVED

20 Oc@pancy 21 Travel, conferences, and meetings 22 Printing and publications . . . Other expenses (attach schedule) See .St.mt 23 1,926 24 Total operating and administrative expenses. AddJines 13 through 23 43,893 39,488 Contributions, gifts, grants paid 25 478,351 478,351 Total expenses and disbursements. Add lines 24 and 25 26 522,244. 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements -340,823

For Paperwork Reduction Act Notice, see instructions.

Accounting fees (attach schedule)

Other professional fees (attach schedule) L-16c .Stmt.

Taxes (attach schedule) (see instruction se. Stmt.

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

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

Depreciation (attach schedule) and depletion

Cat No 11289X

Form **990-PF** (2018)

0. ****************

OGDEN

35,551.

8,342

35,551.

1.121.

890.

17

18

19

should be for end-of-year amounts only (See instructions) 1	Market Value 260, 028.
2 Savings and temporary cash investments	260,028.
3 Accounts receivable ► Less: allowance for doubtful accounts ► 4 Pledges receivable ► Less: allowance for doubtful accounts ► 5 Grants receivable	260,028.
3 Accounts receivable ► Less: allowance for doubtful accounts ► 4 Pledges receivable ► Less: allowance for doubtful accounts ► 5 Grants receivable	
Less: allowance for doubtful accounts ► 4 Pledges receivable ► Less: allowance for doubtful accounts ► 5 Grants receivable	
Less: allowance for doubtful accounts ► 5 Grants receivable	
Less: allowance for doubtful accounts ► 5 Grants receivable	
5 Grants receivable	
7 Other notes and loans receivable (attach schedule) ▶	
Less allowance for doubtful accounts ▶	
8 Inventories for sale or use	
10a Investments – U.S. and state government obligations (attach schedule)	
b Investments—corporate stock (attach schedule)	
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) . L-13. Stmt . 7,020,135. 6,754,094. 5,	865,864.
14 Land, buildings, and equipment. basis ▶	
Less. accumulated depreciation (attach schedule) ▶	
15 Other assets (describe ▶)	
16 Total assets (to be completed by all filers—see the	
instructions. Also, see page 1, item I)	125,892.
17 Accounts payable and accrued expenses	
18 Grants payable	
19 Deferred revenue	
20 Loans from officers, directors, trustees, and other disqualified persons	三篇 法管理
19 Deferred revenue	Marie Control
22 Other liabilities (describe ►) Line liabilities (describe ►	iral Carr
23 Total liabilities (add lines 17 through 22)	李 學 月
Foundations that follow SFAS 117, check here	
and complete lines 24 through 26, and lines 30 and 31.	
and complete lines 24 through 26, and lines 30 and 31. Unrestricted	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
26 Permanently restricted	
26 Permanently restricted	
and complete lines 27 through 31.	
Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see	79.78.67.48.57
Retained earnings, accumulated income, endowment, or other funds 2,104,714. 1,998,550.	Historia de la compansión
Total net assets or fund balances (see instructions) 7,324,022. 7,014,122.	AND AND THE PARTY OF THE PARTY
31 Total liabilities and net assets/fund balances (see	
Instructions)	
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)	324,022.
	340,823.
2 Enter amount from Part I, line 27a	30,923.
	014,122.
E Degrees and included in line 2 (itemize)	111144
	014,122.

Part	V Capital Gains and	d Losses for Tax on Investm	nent Income			
	(a) List and describe the ki	nd(s) of property sold (for example, real esuse, or common stock, 200 shs MLC Co)	state,	(b) How acquired P—Purchase D—Donation	(c) Date acquire (mo , day, yr)	
1a	FIDELITY ST BOX A			P	Various	12/31/2018
b	FIDELITY ST BOX B		•	P	Various	12/31/2018
С	FIDELITY LT BOX D		····	P	Various	12/31/2018
d	FIDELITY LT BOX E			Р	Various	12/31/2018
е	See Statement					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		Gain or (loss) lus (f) minus (g))
a	2,808,569.			2,864,741.		-56,1 <u>72.</u>
b	244,601.			235,924.		8,677.
c	422,422.			453,768.		-31,346.
<u>d</u>	1,542,973.			1,574,654.		-31,681.
e	5,491.			0.		5,491.
	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69.		(Col (h) gain minus
	(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) I (j), if any		t not less than -0-) or es (from col (h))
a						-56,172.
b	0.	0.		0.		8,677.
c						-31,346.
<u>d</u>						-31,681.
e	0.	0.		0.		5,491.
2	Capital gain net income of	rinei cabilaliossi 7	also enter in Pa , enter -0- in Pa	•	2	-105,031.
3	If gain, also enter in Part	in or (loss) as defined in sections I, line 8, column (c) See instru	ctions. If (loss)):), enter -0- ın } 	3	105,031.
Part		der Section 4940(e) for Redu		let Investment	Income	
Was t		ve this part blank. section 4942 tax on the distribu qualify under section 4940(e). Do			base period?	☐ Yes 区 No
1		ount in each column for each yea			akıng any entri	es.
Cale	(a) Base period years endar year (or tax year beginning ir	(b)		(c) of noncharitable-use a	anata .	(d) Distribution ratio (b) divided by col (c))
	2017	489,8	44.	7,276,5	528.	0.067318
	2016	744,9		6,747,2		0.110412
	2015	407,8		7,069,9	92.	0.057686
	2014	670,5	36.	8,095,3	395.	0.082829
	2013	417,2	96.	8,217,2	228.	0.050783
2	Total of line 1, column (d)			2	0.369028
3		for the 5-year base period—divoundation has been in existence				0.073806
4	•	ncharitable-use assets for 2018 f	_			6,864,658.
		ishantable ass assets to 2010 t	ioni i are x, iiio		5	
5	Multiply line 4 by line 3					506,653.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b			. 6	1,147.
7	Add lines 5 and 6				. 7	507,800.
8	Enter qualifying distribution	ons from Part XII, line 4 ater than line 7, check the box in	 Part VI. line 1		. 8	478,351.
	Part VI instructions.	ator than line 7, oneon the box ii		o, and complete	ac part domg	

'Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instructio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.		
	Date of ruling or determination letter (attach copy of letter if necessary – see instructions)		展潮
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	2,294.	45"". 363
	here ▶ ☐ and enter 1% of Part I, line 27b		
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of J Part I, line 12, col. (b).		1 2 2
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	0.	<u> </u>
3	Add lines 1 and 2	2,294.	<u> </u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	2,294.	
6	Credits/Payments:		
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 5,500.		
b	Exempt foreign organizations—tax withheld at source 6b		
С	Tax paid with application for extension of time to file (Form 8868) . 6c 0.		
d	Backup withholding erroneously withheld		
7	Total credits and payments. Add lines 6a through 6d	5,500.	<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here from 2220 is attached 8		-
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . • 10	3,206.	₩
11	Enter the amount of line 10 to be. Credited to 2019 estimated tax > 2,296. Refunded > 11	910.	<u> </u>
Part		Yes	No
1a	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?	1a	×
L		1a	 ^-
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b	×
	If the answer is "Yes" to ${f 1a}$ or ${f 1b}$, attach a detailed description of the activities and copies of any materials		
	published or distributed by the foundation in connection with the activities.		
С	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. ▶ \$		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		
2	on foundation managers. ► \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	×
2	If "Yes," attach a detailed description of the activities.		
_	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	×
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	×
	If "Yes," attach the statement required by General Instruction T		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.		
	By language in the governing instrument, or		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that		
	conflict with the state law remain in the governing instrument?	6 ×	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7 ×	· ~
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. IN		3.1
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 <i>General Instruction G</i> ? If "No," attach explanation	8b ×	
a	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	松金二	Zz Ž
9	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9	×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10	

Part	VII-A Statements Regarding Activities (continued)			
		122	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			
13	person had advisory privileges? If "Yes," attach statement. See instructions	12	×	×
13	Mobalto address N/A	10		1
14	The books are in care of ▶ JENNIFER L. WILSON Telephone no. ▶ (260)	432-	2233	}
	Located at ▶ 5642 COVENTRY LANE FORT WAYNE IN ZIP+4 ▶ 46804			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	Thus service	×
	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	All grade field	SERVICE IN	I amove to the
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	le facili	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	7 1 1	W.	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes 🗵 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	disqualified person?	整理をつけ		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	74.00		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		3	
	the benefit or use of a disqualified person)?	2		
	(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		Ž.	
_	termination of government service, if terminating within 90 days.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- 100
þ	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		442
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □		19-	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	30		
	were not corrected before the first day of the tax year beginning in 2018?	1c	200 2004-21-7-	X
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)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?		4	¥.
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	差		
D	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	1 000005, 20000005, 1		
	all years listed, answer "No" and attach statement—see instructions.)	2b	SEAST IN	din faithful
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			復執
	▶ 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
	-	100		
b	If "Yes," did it have excess business holdings in 2018 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 2018.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	CT STANKY +	X
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 2018?			×

Part	VII-B Statements Regarding Activities	s for W	hich Form	4720 I	May Be R	equire	d (conti	nued)			
5a	During the year, did the foundation pay or incur								TK.	Yes	No
	 Carry on propaganda, or otherwise attempt t Influence the outcome of any specific public directly or indirectly, any voter registration dr 	c election		on 495	5); or to ca	arry on,	☐ Yes	X No X No			
	(3) Provide a grant to an individual for travel, stu(4) Provide a grant to an organization other than section 4945(d)(4)(A)? See instructions	n a chai	rıtable, etc., e	organiz	ation desci		☐ Yes	⊠ No ⊠ No			
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to	, charita	able, scientifi	c, litera	ry, or educ		_	⊠ No			(1) (2) (3)
b	If any answer is "Yes" to 5a(1)–(5), did any of the in Regulations section 53.4945 or in a current no							scribed	5b		
С	Organizations relying on a current notice regards If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility	the four	ndation claim	exemp	otion from			► □ □ No	15. C. F. F. E.	100 Kg	
6a	If "Yes," attach the statement required by Regul Did the foundation, during the year, receive any on a personal benefit contract?	funds,	directly or inc	directly,	to pay pre		☐ Yes	⊠ No			
b	Did the foundation, during the year, pay premiur If "Yes" to 6b, file Form 8870.						t contract	_	6b		×
7a	At any time during the tax year, was the foundation						☐ Yes		GGAGGGGAAA		4000
ь	If "Yes," did the foundation receive any proceed Is the foundation subject to the section 4960 ta							n? .	7b	%.(⊅	1
8	remuneration or excess parachute payment(s) d							⊠ No			1
Part	VIII Information About Officers, Direct									ees,	
	and Contractors										
1	List all officers, directors, trustees, and found					,			·-		
	(a) Name and address	hou	e, and average rs per week ed to position	i (If n	mpensation iot paid, ter -0-)	emplo	Contribution byee benefit erred compe	plans	(e) Expe	nse acc allowan	
	(a) Name and address HARD S. RIFKIN COVENTRY LANE FORT WAYNE IN 46804	hou devote TRUS	rs per week ed to position	i (If n	ot paid,	emplo	yee benefit	plans			
	HARD S. RIFKIN	hou devote TRUS	rs per week ed to position PEE	i (If n	ot paid, ter -0-)	emplo	yee benefit	plans ensation			ces
	HARD S. RIFKIN	hou devote TRUS	rs per week ed to position PEE	i (If n	ot paid, ter -0-)	emplo	yee benefit	plans ensation			ces
	HARD S. RIFKIN	hou devote TRUS	rs per week ed to position PEE	i (If n	ot paid, ter -0-)	emplo	yee benefit	plans ensation			ces
	HARD S. RIFKIN	hou devote TRUS	rs per week ed to position PEE	i (If n	ot paid, ter -0-)	emplo	yee benefit	plans ensation			ces
	HARD S. RIFKIN	hou devote	rs per week ed to position FEE 0.50	(If n	0 .	emplo and def	oyee benefit	plans ensation 0.	other :	allowan	0 .
2	HARD S. RIFKIN COVENTRY LANE FORT WAYNE IN 46804 Compensation of five highest-paid employe	TRUS	rs per week ed to position FEE 0.50	se inclusiverage	0 .	emplo and defi	oyee benefit	plans ensation 0. ruction: utions to benefit deferred	s). If no	one, e	0.
2	Compensation of five highest-paid employe "NONE."	TRUS	er than those (b) Title, and a hours per v	se inclusiverage	0 .	emplo and defi	see instr	plans ensation 0. ruction: utions to benefit deferred	s). If no	one, e	0.
2	Compensation of five highest-paid employe "NONE."	TRUS	er than those (b) Title, and a hours per v	se inclusiverage	0 .	emplo and defi	see instr	plans ensation 0. ruction: utions to benefit deferred	s). If no	one, e	0.
2	Compensation of five highest-paid employe "NONE."	TRUS	er than those (b) Title, and a hours per v	se inclusiverage	0 .	emplo and defi	see instr	plans ensation 0. ruction: utions to benefit deferred	s). If no	one, e	0.
2	Compensation of five highest-paid employe "NONE."	TRUS	er than those (b) Title, and a hours per v	se inclusiverage	0 .	emplo and defi	see instr	plans ensation 0. ruction: utions to benefit deferred	s). If no	one, e	0.
2 NONE	Compensation of five highest-paid employe "NONE."	es (oth	er than those (b) Title, and a hours per v	se inclusiverage	0 .	emplo and defi	see instr	plans ensation 0. ruction: utions to benefit deferred	s). If no	one, e	0.

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'Part	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NO	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON		
_		
Total	number of others receiving over \$50,000 for professional services	0
	IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of nizations and other beneficiaries served, conferences convened, research papers produced, etc.	f Expenses
1		-
		-
_		
2		-
		•
3		
		-
4		
7		-
		·
_	IX-B Summary of Program-Related Investments (see instructions)	
De	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		-
		•
2		-
	,	-
	they program related investments. See instructions	
3	ther program-related investments. See instructions	
•		.
		•
Total	Add lines 1 through 3	5 000 DE (010)

Part		gn fou	ındatıons,
	see instructions.)	1 4 1 10 1	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	6,571,678.
b	Average of monthly cash balances	1b	397,518.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	6,969,196.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	3	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	6,969,196.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	104,538.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,864,658.
6	Minimum investment return. Enter 5% of line 5	6	343,233.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	ounda	ations
	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	343,233.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI)	222	
С	Add lines 2a and 2b	2c	2,294.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	340,939.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	340,939.
6	Deduction from distributable amount (see instructions)	6	<u></u>
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	340,939.
Part	XII. Qualifying Distributions (see instructions)	12.3281	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1,58	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	478,351.
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	450.054
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	478,351.
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. See instructions	5	478,351.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	g whe	tner the foundation

Part	Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7				340,939.
2	Undistributed income, if any, as of the end of 2018.			Fabricant Cartes	
а	Enter amount for 2017 only			0.	
b	Total for prior years. 20, 20, 20	National Control	Marie C. Carrettancensii Slade		
3	Excess distributions carryover, if any, to 2018:				
a b	From 2013				
c	From 2015				
d	From 2016 95, 651.				静 . 新. 15
e .	From 2017				
f	Total of lines 3a through e	585,495.			
4	Qualifying distributions for 2018 from Part XII, line 4: \$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
a b	Applied to undistributed income of prior years		& Francisco de la companya della companya della companya de la companya della com		
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2018 distributable amount .				Andrew State of the State of th
e	Remaining amount distributed out of corpus	478,351.			
.	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)	340,939.			·340,939.
6	Enter the net total of each column as indicated below:	340, 333.		ROME TO THE TOTAL TO THE T	
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	722,907.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	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				PERSONAL PROPERTY.
d	Subtract line 6c from line 6b. Taxable amount—see instructions	The second secon	0.		
е	Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see				
	instructions			0.	-, -, -, -, -, -, -, -, -, -, -, -, -, -
f	Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				0.
7	Amounts treated as distributions out of corpus	25/97-17192702000/00452-90/00490-40/7/1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			1252
·	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2013 not				
	applied on line 5 or line 7 (see instructions) .	0.			
9	Excess distributions carryover to 2019.	D			
10	Subtract lines 7 and 8 from line 6a	722,907.			
10 a	Analysis of line 9: Excess from 2014			· ""	
a b	Excess from 2015 0.				
c	Excess from 2016 0.				
d	Excess from 2017 244,556.				1882
e	Excess from 2018), (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		. Ha	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Yea

3 Grants and Contributions Paid During t	he Year or Approve	ed for Fut	ure Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
BLESSINGS IN A BACK PACK			ASSISTS IN	
111 EAST WAYNE ST STE 555			NUTRITIONAL NEEDS	
FORT WAYNE IN 46802		501 (C) 3	FOR CHILDREN	12,800.
CONGREGATION ACHDUTH VESHOLOM				
5200 OLD MILL ROAD				
FORT WAYNE IN 46807		501 (C) 3	RELIGIOUS	8,000.
FORT WAYNE CENTER FOR LEARNING		002(0)0	EDUCATION	2, 2221
3310 MALLARD COVE LANE			LEARNING DISADVANTAGED	
		501/012	CHILDREN	10,000.
FORT WAYNE IN 46804		301 (C) 3	CHILDREN	10,000.
THE LITERACY ALLIANCE				
709 CLAY ST STE 100			ACADEMIC	00 500
FORT WAYNE IN 46802		501 (C) 3	SERVICES	22,500.
SUSAN G KOMEN 3 DAY				
P O BOX 660843			SUPPORTS RESEARCH	
DALLAS TX 75266-0843		501 (C) 3	BREAST CANCER CURE	300.
ALLIANCE FOR EATING DISORDERS AWARENESS			PROMOTES POSITIVE BODY	
1649 FORUM STE # 2			IMAGE AND SELF ESTEEM	
WEST PALM BEACH FL 33401		501 (C) 3	& AWARENESS OF EATING DISORDERS	105,000.
YWCA				
5920 DECATUR ROAD			DOMESTIC VIOLENCE	
FORT WAYNE IN 46805		501 (C) 3	RECOVERY	8,333.
HOPE FOR THE WARRIORS				-,
5101C BACKLICK RD			PROVIDES SUPPORT FOR MILITARY	
ANNANDALE VA 22003		501 (C) 3	SERVICE MEMBERS & FAMILIES	1,000.
]	SERVICE MEMBERS & LAMIEUS	1,000.
TROY SCHOOL			DDOUTDEC MUTMION	
4161 NORTH AIRPORT RD		F 0.1 / C) 2	PROVIDES TUITION	180.
COLUMBIA CITY IN 46725		201 (C) 3	FOR AT-RISK STUDENTS	180.
See Statement				
				310,238.
Total			▶ 3a	478,351.
b Approved for future payment	<u> </u>			470,331.
b Approved for fature payment				
Total			▶ 3b	

Pa	rt XV	I-A Analysis of Income-Producing Ac	ctivities				
Ente	r gros	ss amounts unless otherwise indicated.		isiness income	Excluded by sect	ion 512, 513, or 514	(e)
1	Prog	ram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
•	a	nam der vice revende.					
	b ~						
	c -		_				
	ď					-	
	е _						
	f -						
	g F	ees and contracts from government agencies				_	
2	Mem	nbership dues and assessments					
3	Inter	est on savings and temporary cash investments					
4	Divid	dends and interest from securities			14	187,585.	
5	Net i	rental income or (loss) from real estate	#jrendendendendendendendendendendendendende		5114	(
		Debt-financed property					
	b N	Not debt-financed property					
6		rental income or (loss) from personal property					·
7		er investment income					
8		or (loss) from sales of assets other than inventory			18	-106,164.	
9		ncome or (loss) from special events					
10		ss profit or (loss) from sales of inventory		'	1		
11	_	er revenue a					·
	b _						
	с _. -						
	d _						
	е _	• (a)	the state of the s			01 401	
40							
		total. Add columns (b), (d), and (e)					81 <i>1</i> 21
13	Tota	II. Add line 12, columns (b), (d), and (e)			· 【李老孙师女子孙出生新史》。	13	81,421.
13 (See	Tota work	il. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	 ıs.)				81,421.
13 (See P al	Tota	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	r
13 (See Pai	Tota work rt XV	il. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	r
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	T
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	T
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	T
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	r
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	r
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	r
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	r
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	T
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	r
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	T
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	T
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	T
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	T
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	T
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	r
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	r
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	r
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	r
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	T
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	T
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	T
13 (See Pai	Tota work rt XV e No.	 II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A 	 ns.) \ccomplishm	ent of Exemp	t Purposes	13	r

		<u>Organization</u>	ons										
1	ın se		directly or indirect other than section									Yes	No
а	_		oorting foundation	n to a nonch	naritable ever	nnt organ	ization d	nf:				*-	ı İ
u		-	· · · · · ·								1a(1)		
		other assets .							• •		1a(2)		×
_											14(2)		. ^ .
þ	_	r transactions:	1 - 2-14								41- (4)		
			a noncharitable								1b(1)		×
			ets from a noncha								1b(2)		×
	(3) R	ental of facilities,	, equipment, or o	ther assets							1b(3)		<u>X</u>
	(4) R	eimbursement ai	rrangements								1b(4)		X
	(5) L	oans or loan gua	rantees								1b(5)		_ X _
	(6) P	erformance of se	ervices or membe	ership or fun	draising solid	citations					1b(6)		×
С	Shari	ng of facilities, e	quipment, mailing	g lists, othei	rassets, or p	aid emplo	yees .				1c		×
d	If the	answer to any	of the above is "	Yes," comp	lete the follo	wing sch	edule. C	olumn (b)	should	d always sho	w the	faır m	arket
	value	of the goods, of	ther assets, or se	ervices give	n by the repo	rting four	dation.	If the found	dation	received less	s than	fair m	arket
	value	ın any transactio	on or sharing arra	angement, s	how in colum	nn (d) the	value of	the goods,	, other	assets, or se	rvices	recei	ved.
(a) Line	no ((b) Amount involved	(c) Name of n	onchantable ex	empt organizatio	on	(d) Descrip	otion of transfe	ers, tran	sactions, and sha	anng arra	angeme	ents
							•						
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2a	Is the	e foundation dire	ectly or indirectly	/ affiliated v	with, or relate	ed to, on	e or mo	re tax-exe	mpt o	rganizations			
			01(c) (other than								☐ Ye	s X	No
b	If "Ye	es," complete the	following sched	ule.							_		
		(a) Name of organ		1	(b) Type of orga	anization			(c) Des	cription of relatio	nship		
		1.7							`	•	·		
													
													
	Linds	or nonatting of nonuncial	declare that I have example a	mined the return	uncluding sees	manung saba	dulae and :	etatemente en	d to the l	neet of my knowled	dae end i	nelief +	is true
Cian		er penames or perjury, i	anation of preparer (of he	r than taxpaver)	i, including accom	omation of w	thich prepa	rer has any kno	wledge	dest of thy knowled	ige and i	Jenei, II	15 (106,
Sign) A THIN	<u> </u>	/	N		•	ŭ	May the I			
Here	ı '—	Touchand			11/8/2019	TRUS	TEE			with the p See instru		∐Yes[
	Sign	ature of officer or trus			Date /	Title				<u> </u>			
Paid		Print/Type preparer	's name	Preparei	r's signature			Date		Check If	PTIN		
Prep	arer		_					<u></u>		self-employed			
Use (Firm's name ▶							Firm's	EIN >			
		Firm's address ▶							Phone				
BAA										F	orm 99	0-PF	(2018)

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

Continuation Statement

RIFKIN FAMILY FOUNDATION
Form 990-PF: Return of Private Foundation
Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

Name and Address Information	Form Information	Submission Information	Restrictions
N/A	1/A	N/A	N/A

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

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
a Paid during the year				
AUSTIN ATHLETIC SCHOLARSHIP FUND 3801 N. CAPITAL OF TEXAS HWY STE 240-161 AUSTIN, TX 78746		501 (C) 3	PROVIDES FINANCIAL ASSISTANCE FOR TRAINING & TRAVEL JUNIOR TENNIS	550.
CONGREGATION B'NAI JACOB 7227 BITTERSWEET MOORS DRIVE Fort Wayne, IN 46814		501 (C) 3	RELIGIOUS	3,600.
FORT WAYNE JEWISH FEDERATION 5200 OLD MILL ROAD Fort Wayne, IN 46807		501 (C) 3	RELIGIOUS	75,000.
FORT WAYNE CHILDREN'S ZOO 3411 SHERMAN ST FORT WAYNE, IN 46808		501 (C) 3	EDUCATIONAL INTERPRETER PROGRAM	30,420.
FORT WAYNE PHILHARMONIC 4901 FULLER DRIVE FORT WAYNE, IN 46835		501 (C) 3	PROVIDES SUPPORT FOR CONCERTS PROGRAM	35,000.
INDIANA UNIVERSITY CHAMPIONSHIP GOLF COURSE 1001 EAST 17TH ST BLOOMINGTON, IN 47408		501 (C) 3	IU GOLF COURSE CAPITAL PROJECT	50,000.
NICKLAUS CHILDREN'S HEALTH CARE FDN 11770 US HWY ONE STE 308 NORTH PALM BEACH, FL 33408		501 (C) 3	CHILDRENS HEALTH CARE	24,250.
TÜRNSTONE CENTER FOR DISABLED CHILDREN 3320 NORTH CLINTON STREET FORT WAYNE, IN 46805		501(C)3	SERVICES TO DISABLED INDIVIDUALS	5,000.
ALZHEIMER'S ASSOCIATION LONGEST DAY 4618 E STATE BLVD FORT WAYNE, IN 46815		501 (C) 3	PROVIDES SUPPORT & PROMOTES BRAIN HEALTH	2,000.
BASCOM PALMER EYE INSTITUTE P O BOX 016880 MIAMI, FL 33101-6880		501 (C) 3	OPTHALMOLOGY ACADEMIC FUND	2,500.
BIG BROTHERS BIG SISTERS 1005 W RUDISILL BLVD FORT WAYNE, IN 46807-2172		501(C)3	PROVIDES MENTORING PROGRAMS TO CHILDREN	2,768.
BOYS & GIRLS CLUB 2323 FAIRFIELD AVE FORT WAYNE, IN 46807		501 (C) 3	PROVIDES EDUCATIONAL SUPPORT AND HOT MEALS FOR UNDERPRIVLEGED CHILDREN	5,000.
CAMP-WATCHA-WANNA-DO P O BOX 11166 FORT WAYNE, IN 46856		501 (C) 3	PROVIDES CAMPING OPPORTUNITIES FOR CHILDREN WITH CHILDHOOD CANCERS	1,000.
CANCER ALLIANCE OF HELP & HOPE P O BOX 3292 PALM BEACH, FL 33480		501 (C) 3	PROVIDES FINANCIAL ASSISTANCE TO CANCER PATIENTS	2,100.
HOW HEAR THE OVARIAN CANCER WHISPER 360 CYPRESS DRIVE STE 4 JUPITER, FL 33469		501(C)3	RESEARCH IN OVARIAN CANCER	9,450.

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

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
a Paid during the year				
INDIANA JEWISH HISTORICAL SOCIETY 6705 HOOVER RD INDIANAPOLIS, IN 46260		501 (C) 3	COLLECTS & PRESERVES INFORMATION ON JEWISH HERITAGE	1,000.
JUNIOR ACHIEVEMENT 601 NOBLE DRIVE FORT WAYNE, IN 46825		501 (C) 3	PROVIDES CHILDREN WITH LESSONS IN FINANCIAL LITERACY	300.
JUPITER MEDICAL CENTER FOUNDATION 1210 SOUTH OLD DIXIE HWY JUPITER, FL 33458		501 (C) 3	PROVIDES HEALTH CARE TO THE JUPITER COMMUNITY	50,000.
NEW LIFE MINISTRIES 313 E FRANKLIN STREET HUNTINGTON, IN 46750		501 (C) 3	PROVIDES MEAL MINISTRY TO UNDERPRIVILEGED	5,000.
ORLAND VOLUNTEER FIRE DEPT P.O. BOX 174 ORLAND, IN 46776		501 (C) 3	PROVIDES ASSISTANCE TO VOLUNTEER FIRE DEPT.	1,000.
SALVATION ARMY OF PALM BEACH COUNTY 2100 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409		501 (C) 3	PROVIDES HOUSING, FOOD, AND FINANCIAL ASSISTANCE TO UNDERPRIVILEGED	2,500.
ST MARY'S SOUP KITCHEN 1101 LAFAYETTE ST FORT WAYNE, IN 46802		501 (C) 3	SOUP KITCHEN MINISTRY	300.
TRINE UNIVERSITY ONE UNIVERSITY AVENUE ANGOLA, IN 46703		501 (C) 3	ACADEMIC SCHOLARSHIP	1,000.
ZETA BETA TAU FOUNDATION 3905 VINCENNES RD STE 100 INDIANAPOLIS, IN 46268-3000		501(C)3	ACADEMIC SCHOLARSHIP	500.
				310,238.

Form 990-PF: Return of Private Foundation

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	(d) Date sold	
FIDELITY CAPITAL GAINS	DISTRIBUTIONS		P	Various	12/31/18
ST CAP GAIN (LOSS) FRO	M K-1'S		P	Various	12/31/18
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	st or other us expense of sale	(h) Gain ((e) plus (g	(f) minus
5,844.			0.		5,844.
-353.			0.		-353.
5,491.	0.		0.		5,491.
Complete only for ass	ets showing gain in co. e foundation on 12/31/	lumn (h) a 69	and owned by	(l) Gains gain minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col. col. (j), if any	but not less or Losses ((h)	from col.
0.	0.		0.	-	5,844.
					-353.
0.	0.	-	0.		5,491.

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Income

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income
SEC 1231 GAIN (LOSS)		-784.	
ROYALTY INCOME		3,395.	
OTHER INCOME		50.	
	Total	2,661.	

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
FOREIGN TAX PAID	558.	1,121.		
EXCISE TAX	7,784.			
Total	8,342.	1,121.		

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
MISC/OTHER EXPENSES		1,580.		
ROYALTY EXPENSES		346.		
Tot	al	1,926.		

Form 990-PF: Return of Private Foundation

Other Increases

Continuation Statement

Description	Amount
ADJUSTMENT TO COST BASIS	-10,380.
PARTNERSHIP DISTRIBUTIONS	41,303.
Tota	30,923.

Form 990-PF: Return of Private Foundation

Managers Contributed More than 2%

	List	
DANIEL M. RIFKIN		
RICHARD S. RIFKIN		
MARTIN S. RIFKIN		

Name Employer Identification No RIFKIN FAMILY FOUNDATION 31-1192429

Asset Information:
Description of Property FIDELITY ST BOX A
Business Code Exclusion Code 18
Date Acquired Various How Acquired Purchased
Date Sold12/31/18 Name of Buyer
Check Box, if Buyer is a Business
Sales Price $\frac{2}{808}$, $\frac{808}{569}$. Cost or other basis (do not reduce by depreciation) $\frac{2}{864}$, $\frac{741}{2}$.
Sales Expense Valuation Method
Total Gain (Loss)56, 172. Accumulated Depreciation
Description of Property FIDELITY ST BOX B
Business Code Exclusion Code . 18
Date Acquired . Various How Acquired . Purchased
Date Sold 12/31/18 Name of Buyer .
Check Box, if Buyer is a Business
Sales Price 244, 601. Cost or other basis (do not reduce by depreciation) 235, 924.
Sales Expense Valuation Method
Total Gain (Loss) 8, 677 . Accumulated Depreciation
Description of Property FIDELITY LT BOX D
Business Code Evolusion Code 18
Business CodeExclusion Code 18 Date AcquiredVarious How Acquired Purchased
Date Sold 12/31/19 Name of Buyer
Date Sold 12/31/18 Name of Buyer Check Box, if Buyer is a Business
Sales Price 422, 422. Cost or other basis (do not reduce by depreciation) 453, 768.
Sales Expense Valuation Method
Total Gain (Loss) -31, 346. Accumulated Depreciation
Description of Property FIDELITY LT BOX E
Business Code Exclusion Code 18 Date Acquired Various How Acquired Purchased
Date Sold12/31/18 Name of Buyer Check Box, if Buyer is a Business
Sales Price1, 542, 973. Cost or other basis (do not reduce by depreciation)1, 574, 654.
Sales Expense Valuation Method
Total Gain (Loss)31, 681. Accumulated Depreciation
Description of Property FIDELITY LT CAPITAL GAINS DISTRIBTIONS
Business Code Exclusion Code . 18
Date AcquiredVarious How Acquired . Purchased
Date Sold 12/31/18 Name of Buyer
Check Box, if Buyer is a Business
Sales Price4, 358. Cost or other basis (do not reduce by depreciation)0.
Sales Expense Valuation Method
Total Gain (Loss) 4,358 . Accumulated Depreciation
Totals:
Total Gain (Loss) of all assets
Gross Sales Price of all assets 5,022,923.
Unrelated Business Income Business Code . Excluded by section 512, 513, 514 Exclusion Code . 18
Excluded by section 512, 513, 514 $-106, 164$. Exclusion Code $\cdot 18$
Related/Exempt Function Income
2 1 1
QuickZoom here to Form 990-PF, Page 1
QuickZoom here to Form 990-PF, Page 12

Legal and Professional Fees

Name	Employer Identification No
RIFKIN FAMILY FOUNDATION	31-1192429

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
				·	
Total to Form 990)-PF, Part I, Line 16a				

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	-				
	-				
tal to Form 990)-PF, Part I, Line 16b				

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WELLS FARGO ADVISORS	INVESTMENT FUND MGR FEES	35,551.			
Total to Form 990-	PF, Part I, Line 16c	35,551.			

Investments

Name RIFKIN FAMILY FOUNDATION				Employer Identification No 31-1192429	
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	f Year State and Local Obligations FMV	US Governm Obligation Book Valu	ns	Year US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a				-	
Line 10b - Investm	ents - Corporate	Stock:	Book Value	End of	Year Fair Market Value
Totals to Form 990-PF, Part II, Line 10c - Investme			Book	End of	Fair Market
Totals to Form 990-PF, Part II,	Line 10c		Value		Value
Line 12 - Investm	ents - Mortgage I	oans:	Book Value	End of	Year Fair Market Value
Totals to Form 990-PF, Part II,	Line 12				
Line 13 - Inv	estments - Other	:	Book Value	End of	Year Fair Market Value
FIDELITY INVESTMENTS A	/C XXX-XX8369		6,754,0	094.	5,865,864.
Totals to Form 990-PF, Part II,	Line 13		6,754,0	94.	5,865,864.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2018

Employer identification number

RIFKIN FAMILY FOUNDATION 31-1192429 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization ■ 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (I) Form 990, Part VIII, line 1h; or (II) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
RIFKIN FAMILY FOUNDATION

Employer identification number

31-1192429

Part I	Contributors (see instructions).	Use duplicate copies of	Part I if additional space is	needed.
(2)	(6)	-	(c)	(d)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	MARTIN S. RIFKIN 211 BEARS CLUB DRIVE JUPITER FL 33477	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person

Name of organization

RIFKIN FAMILY FOUNDATION

Employer identification number

31-1192429

		-	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of org	ganization			Employer identification number		
RIFKIN	FAMILY FOUNDATION . 31-1192429					
Part III	(10) that total more than \$1,000 for	r the year from any o tions completing Par ne year. (Enter this inf	one contributor. (till, enter the total formation once. Se	escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and I of exclusively religious, charitable, etc., ee instructions.)		
(a) No	Ose duplicate copies of Fart III II add	ultional space is need	ieu.	· -		
(a) No. from Part I	(b) Purpose of gift	oose of gift (c) Use of gift		(d) Description of how gift is held		
		(e) Transfe		•		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	rpose 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		of gift	(d) Description of how gift is held		
-	(e) Transfer of gift					
	Transferee's name, address, a	• •	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
_						
	Transferee's name, address, a	(e) Transfo and ZIP + 4		nship of transferor to transferee		
I						