Form **990-PF**

EXTENDED TO NOVEMBER 15, 2019 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

1	For	alen	dar year 2018 or tax year beginning		, and ending	,	
\mathscr{F}	_		foundation			A Employer identification	number
?,	У ф.	ÄF.	KIMMELMAN FAMILY FOUNDA	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
۲			ROSANNE MIGLIORINO		~	82-6694821	
			nd street (or P O box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	· · · · · · · · · · · · · · · · · · ·
•			BEECHWOOD ROAD	1		561-650-05	02 /
			own, state or province, country, and ZIP or foreign pe	netal code		C If exemption application is pe	
			MIT, NJ / 07901	יאנמו נטטפ		o il exemption application is pe	inding, check here
			all that apply: Initial return	Initial return of a fe	ormer public charity	D 1. Foreign organizations	check here
	u 0	HOOK	Final return	Amended return	ormor public charty	· ·	, 0.100.1 110.10
			X Address change	X Name change		Foreign organizations med check here and attach cor	eting the 85% test,
	H C	heck	type of organization: X Section 501(c)(3) ex				
		_		Other taxable private found	04	E If private foundation state under section 507(b)(1):	
	l Fa		arket value of all assets at end of year J Accounting		Accrual	F If the foundation is in a	
			, I —	her (specify)		under section 507(b)(1)	
	`		1,340,867. (Part I, colun	nn (d) must be on cash basi	s.)	ļ,	
	Pa	rt l		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
			 (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) 	expenses per books	income	income	for charitable purposes (cash basis only)
,		1	Contributions, gifts, grants, etc., received	1,463,862.	Anadorina and an analysis of the plant of the state of th		Selection of the select
		2	Check I if the foundation is not required to attach Sch. B	Prijeweya Serija.	DESTRUCTION OF S	Ambatrania a santa santa santa sa sa santa sa sa sa santa	unbaratus unidentalistis (1995)
Ī		3	Interest on savings and temporary cash investments	193.	193.		STATEMENT 1
,		4	Dividends and interest from securities	16,156.	16,156.		STATEMENT 2
'n		5a	Gross rents	<u></u>			
9		h	Net rental income or (loss)			Control of the second s	all reserves and all the second secon
₽.	4	6a	Net gain or (loss) from sale of assets not on line 10	1,456,644.	ding the state of the state of		
Ž	nue	þ	Gross sales price for all assets on line 6a 3,689,318.		The second section which is an include the second	FE.	CEIMEDIX
SCANNED.	eve	7	Capital gain net income (from Part IV, line 2)		1,456,644.		<u> </u>
_	R	8	Net short-term capital gain			I I I NOV	21-2010
Ū	٠,	9	Income modifications Gross sales less returns			S NU	
תם ס		10a	and allowances		forest distribution of the and the Arrange of		
nd.		þ	Less Cost of goods sold			ESSENTIAL PORTION	
▲		Ç	Gross profit or (loss)			<u> </u>	TO STATE OF THE PROPERTY OF THE PARTY OF THE
3		11	Other income	2 026 055	1 472 002	<u> </u>	
303B		12	Total. Add lines 1 through 11	2,936,855.	1,472,993.	0.	0.
_		13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
<i>판'</i>		14	Other employee salaries and wages				
7	s	15	Pension plans, employee benefits Legal fees STMT 3	32,938.	0.	0.	0.
	nse		Accounting fees STMT 4	7,298.	0.	0.	0.
,	Expe	0	Other professional fees	7,2300			
ڔ	Û	17	Interest -				,
6 A UEL	ţ	17 18 19 20	Taxes				
4	Str	19	Depreciation and depletion			j.	
	Ē	20	Occupancy				
M	Αdn	21	Travel, conferences, and meetings				
50	and /	22	Printing and publications (
\$0 \$\frac{1}{2}\$ \$\frac{1}{2}\$	ā	23	Other expenses				
(A)	ij	24	Total operating and administrative				
3	er:		expenses. Add lines 13 through 23	40,236.	. 0.	0.	0.
48	ŏ	25	Contributions, gifts, grants paid	2,757,095.	的过去式	AND THE STATE OF T	2,757,095.
			Total expenses and disbursements.				
-		<u> </u>	Add lines 24 and 25	2,797,331.	0.	0.	2,757,095.
.)		27			3/4 6/		
₹ \$		a	Excess of revenue over expenses and disbursements	139,524.	(148 9)		10150420505
Ž		Ь	Net investment income (if negative, enter -0-)		1,472,993.	Section 1 Section 2	manner of the second
Z		C	Adjusted net income (if negative, enter -0-)	993 683		0.	PLANTAGE SERVICE

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

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C/O ROSANNE MIGLIORINO

P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		of year
		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		752.	752.
	2	Savings and temporary cash investments			
		Accounts receivable		ANGER STONE	W\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	•	Less: allowance for doubtful accounts	Carrier State Control of the Control	- Fast with the Address of the Addre	
ĺ			mer minimum anahrah minimum danak danak dinakus 🚣 🤔	a Last bit. At a Wagningson, A Last Againmagn	
	4	Pledges receivable -		##./#**********************************	
		Less: allowance for doubtful accounts	<u> </u>		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		•	
		disqualified persons			L
	7	Other notes and loans receivable	I I I WITH THE		
	İ	Less: allowance for doubtful accounts	,		<u> </u>
	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
455		Investments - U.S. and state government obligations		/	
_		G-1-1-1	1,490,592.	809,527.	1,290,115.
		Investments - corporate stock STMT 6	1,430,332.	003,341.	1,290,113.
	C	Investments - corporate bonds	DE COURS OF STATE OF THE STATE OF	/* Turber of him abturbacket the units	The same of the same and the sa
-	11	Investments land, buildings, and equipment basis			indicate Street
	l	Less accumulated depreciation			
	12	Investments - mortgage loans			l
	13	Investments - other			
	14	Land, buildings, and equipment basis	and the same of th	A CONTRACTOR OF THE PARTY OF TH	
	'"	Less accumulated depreciation	San	2	,
			0.	50,000.	50,000.
	15	Other assets (describe LAND OPTION	U .	30,000.	30,000:
	16	Total assets (to be completed by all filers - see the	1 400 500	0.60 070	1 240 967
_	ļ	instructions. Also, see page 1, item I)	1,490,592.	860,279.	1,340,867.
	17	Accounts payable and accrued expenses		25,000.	
	18	Grants payable			A 2 2 4 C 3
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			PROSESSE SEED SHEET
豆	21	Mortgages and other notes payable			
==	22	Other liabilities (describe			
		Cities Habilities (Goodings)			161 CHARLES 15 CO. 16 P. 16
		Total lightifiae (odd lings 17 through 22)	0.	25,000.	
	23	Total liabilities (add lines 17 through 22)	0.	25,000.	24CX1378V30805G45
		Foundations that follow SFAS 117, check here			
	1	and complete lines 24 through 26, and lines 30 and 31.	,	`	
alances	24	Unrestricted	-		
ă	25	Temporarily restricted			
Bai	26	Permanently restricted			
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here			
큔		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	1,490,592.	835,279.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ş	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	45
55	20		0.	0.	100
۲	29	Retained earnings, accumulated income, endowment, or other funds	1,490,592.	835,279.	
ž	30	Total net assets or fund balances	1,490,392.	033,213.	**************************************
			1 400 500	0.60 070	
_	31	Total liabilities and net assets/fund balances	1,490,592.	860,279.	
₹P	art	Analysis of Changes in Net Assets or Fund Ba	alances		•
=					,
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30	1,	
		st agree with end-of-year figure reported on prior year's return)		1	1,490,592.
2	-	r amount from Part I, line 27a	V	2	139,524.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3	 -	4	1,630,116.
-		eases not included in line 2 (itemize)	SEE ST	TATEMENT 5 5	794,836.
				6	835,280.
<u>6</u>	1012	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	oramir (n), ime so		Form 990-PF (2018)
					I ULIII VVV I I IZUIOI

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C/O ROSANNE MIGLIORINO

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(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					IP	How ac - Purc - Dona	nase	(c) Date acquired (mo., day, yr.)		(d) Date sold (mo., day, yr.)	
1a PUBLICLY TRADE	D SEC	URITIES			Ĭ	D		VARIOUS		12/31/18	
<u>b</u>					ļ			.	\dashv		
d					<u> </u>				\dashv		
e											
(e) Gross sales price		Depreciation allowed (or allowable)	plus	st or other basis expense of sale				(h) Gain or (((e) plus (f) mi	nus (g))	
a 3,689,318.	-			2,232,67	4.					1,456,644	
b	 				\dashv		·				
d											
e											
Complete only for assets show	, , , , , , , , , , , , , , , , , , , 	. ,	1				(I)	Gains (Col. (h) (k), but not less	gain s than	minus	
(i) FMV as of 12/31/69	'	j) Adjusted basis as of 12/31/69		col. (j), if any			001.	Losses (from	col. (I	1))	
a			1					-	1,456,644		
b											
<u>c</u>	-		1								
<u>d</u>	-									· · · · · · · · · · · · · · · · · · ·	
	1	∫ If gain, also ente	r in Part I line	7	7						
2 Capital gain net income or (net o	apıtal loss))- in Part I, line	2 7)	2				1,456,644	
3 Net short-term capital gain or (k			nd (6):		٦						
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8		c).			١	2				0	
Part V Qualification	Jnder S	ection 4940(e) for	Reduced	Tax on Net	Inve	stm	ent Inco	me		<u>_</u>	
f section 4940(d)(2) applies, leave Was the foundation liable for the se f "Yes," the foundation doesn't qual	ction 4942	tax on the distributable an		•	10d?					Yes X No	
Enter the appropriate amount in					ntries.						
(a) Base period years Calendar year (or tax year beginn	ing in)	(b) Adjusted qualifying dis		(c) Net value of noncharitable-use assets			(d) Distribution ratio (col. (b) divided by col. (c))				
2017	-		0.			9	<u>6,932</u> .	•		.000000	
2016 2015											
2014											
2013								.,		· · · · · · · · · · · · · · · · · · ·	
2 Total of line 1, column (d)								2		.000000	
3 Average distribution ratio for the the foundation has been in exist	-	•	on line 2 by 5.	O, or by the numb	er of y	ears		3		.000000	
4 Enter the net value of noncharita	ble-use ass	sets for 2018 from Part X,	line 5					4		1,966,403	
Multiply line 4 by line 3								5		0	
6 Enter 1% of net investment inco	me (1% of 1	Part I, line 27b)						6		14,730	
7 Add lines 5 and 6								7		14,730	
3 Enter qualifying distributions fro	m Part XII,	line 4						8		2,757,095	
If line 8 is equal to or greater that See the Part VI instructions.	ın line 7, ch	neck the box in Part VI, line	e 1b, and com	plete that part usin	g a 19	% tax r	ate.				

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 -	see insti	ructions	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	\$1	5.69 MAX		748
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	7 25	400 A	S. 1. 18 1.	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1		14,7	<u>30.</u>
	of Part I, line 27b	5.3			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	3733	37.3		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2			<u>0.</u>
3	Add lines 1 and 2	3		14,7	<u>30.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	/	14,7	30.
6	Credits/Payments:				
	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 0				30
	Exempt foreign organizations - tax withheld at source 66 0				
	Tax paid with application for extension of time to file (Form 8868) 6c 30,000	- 125 330000	w. 12.2		
	Backup withholding erroneously withheld 6d 0		Y 2005/3	200	
7		7		30,0	
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			06.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		14 6	<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	-	14,6	
11 FD2	Enter the amount of line 10 to be: Credited to 2019 estimated tax 14,664. Refunded TOVII-A: Statements Regarding Activities	<u> 11 </u>			0.
				Yes	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve any political campaign?	ne m		****	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the de	finition	_	a b	X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	IIIIIIIIIII			17. E. J
	distributed by the foundation in connection with the activities.		. 5		
c	Did the foundation file Form 1120-POL for this year?		1	C	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		\$6)	100 (CC 1900)	PERM
			100		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ▶ \$. 0.		i i		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		,	2	X
	If "Yes," attach a detailed description of the activities.		機		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	, or	<u> </u>		
	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?		<u> </u>	a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	i/A <u>4</u>	b_	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		(200	S Secretary	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	If "Yes," attach the statement required by General Instruction T		14.7		
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 st	ate law			
-	remain in the governing instrument?		 '	5 X 7 X	
1	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		<i>*</i>	28 /3886	V. 4-531
0.	Enter the states to which the foundation reports or with which it is registered. See instructions.				
Ud	FL		[.]		- 3
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		N		1
•	of each state as required by General Instruction G? If "No," attach explanation		8	b X	or takes
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calculations.	llendar	2.3		K.
-	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV		و ا	9	X
_10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		<u> </u>	0	Х
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, ,,,	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	<u> </u>	<u> </u>
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	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		Щ.
14	Website address ► N/A The books are in care of ► ROSANNE MIGLIORINO Telephone no. ► (973)	671-	-60	<u> </u>
14	Located at \$\int 40 \text{ BEECHWOOD ROAD, SUMMIT, NJ} \text{ZIP+4 }\int 0		- 00	05_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	<u>, , , , , , , , , , , , , , , , , , , </u>	_	$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	(A.J.	清潔	
Pa	int VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	ž. 73.75	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	474		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			(4,53)
	a disqualified person?			医
	(3) Furnish goods, services, or facilities to (or accept them.from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	•• • • • • • • • • • • • • • • • • • • •	1		\$ 50 100 100 100 100 100 100 100 100 100 1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			數學
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	3.00	, 17	
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.) Yes X No			833
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		355	36 (4
_	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			3 X 1
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	30.00		
	before the first day of the tax year beginning in 2018?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	25 SE	1.4.8	[[]
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	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	(S) 31 m		
	before 2018? Yes X No	\$2.VE		
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,			
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 all years listed, answer "No" and attach statement - see instructions.) N/A	() () () () () () () ()	257160.	التكتيب وا
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b		P. C. S. S. S.
٠	in the provisions of section 4542(a)(2) are being applied to any of the years listed in 2a, list the years here.	\$ 67 B		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	(A. 6		
-	during the year?			
Ь	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	1 2 E		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	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.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		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?	4b		<u> </u>
	F.	orm 990	-PF	(2018)

C/O ROSANNE MIGLIORINO

Form 990-PF (2018)

Page 6 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) Yes No 5a During the year, did the foundation pay or incur any amount to Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section X Yes No 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations X section 53.4945 or in a current notice regarding disaster assistance? See instructions 5b Organizations relying on a current notice regarding disaster assistance, check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained X Yes No expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? 6b X b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? N/A 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Yes X No excess parachute payment(s) during the year? Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average nours per week devoted to position (e) Expense account, other (If not paid, enter -0-) (a) Name and address allowances DOUGLAS W. KIMMELMAN TRUSTEE 9001 COLLINS AVENUE, SPH1 1.00 0. 0. 0. SURFSIDE, FL 33154 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation NONE 0

82-6694821

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

Part IVII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (contractors (contractors) (contr	Form 990-PF (2018) C/O ROSANNE MIGLIORINO	82-6	694821	Page 7
(a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable Activities Part IX-B POUNDATION IS NOT INVOLVED IN ANY DIRECT CHARITABLE ACTIVITIES. IT'S PRIMARY PURPOSE IS TO SUPPORT, BY CONTRIBUTIONS, OTHER ORGANIZATIONS EXEMPT UNDER INTERNAL Q. 2 REVENUE CODE SECTION 501(C)(3). O. 3 4 ———————————————————————————————	Part VIII Information About Officers, Directors, Trustees, Foundation Mana Paid Employees, and Contractors (continued)	agers, Highly		
NONE Total number of others receiving over \$50,000 for professional services List the foundation's four largest direct charitable Activities List the foundation's four largest direct charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convend, research papers produced, etc. Expenses Expenses 1-PLRASE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT CHARITABLE ACTIVITIES. IT'S PRIMARY PURPOSE IS TO SUPPORT, BY CONTRIBUTIONS, OTHER ORGANIZATIONS EXEMPT UNDER INTERNAL 2. REVENUE CODE SECTION 501(C)(3). 0. 3. 4. Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount 1 N/A 0. Amount 1 N/A 0. Claim Add lines 1 through 3				
Total number of others receiving over \$50,000 for professional services. Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries service, denferences convened, research papers produced, etc. Expenses PLEASE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPORT, BY CONTRIBUTIONS, OTHER ORGANIZATIONS EXEMPT UNDER INTERNAL 0. 2 REVENUE CODE SECTION 501(C)(3). 0. 3		(b) Type of service	(c) Com	pensation
Part IX-A Summary of Direct Charitable Activities	NONE			
Part IX-A Summary of Direct Charitable Activities				
Part IX-A Summary of Direct Charitable Activities				
Part IX-A Summary of Direct Charitable Activities				
Part IX-A Summary of Direct Charitable Activities				
Part IX-A Summary of Direct Charitable Activities		-		
Part IX-A Summary of Direct Charitable Activities				
Part IX-A Summary of Direct Charitable Activities				
Part IX-A Summary of Direct Charitable Activities				
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. PLEASE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPORT, BY CONTRIBUTIONS, OTHER ORGANIZATIONS EXEMPT UNDER INTERNAL 2. REVENUE CODE SECTION 501(C)(3). Co. Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions. 3. N/A All other program-related investments. See instructions. 3. N/A Co. Total, Add lines 1 through 3.	Total number of others receiving over \$50,000 for professional services			0
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 PLEASE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPORT, BY CONTRIBUTIONS, OTHER ORGANIZATIONS EXEMPT UNDER INTERNAL 2 REVENUE CODE SECTION 501(C)(3). 0. Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount 1 N/A All other program-related investments. See instructions. 3 N/A All other program-related investments. See instructions. 3 N/A Total. Add lines 1 through 3	Part IX-A Summary of Direct Charitable Activities			
1 PLEASE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPORT, BY CONTRIBUTIONS, OTHER ORGANIZATIONS EXEMPT UNDER INTERNAL 2 REVENUE CODE SECTION 501(C)(3). O. Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount 1 N/A All other program-related investments. See instructions. 3 N/A All other program-related investments. See instructions. 3 N/A O. Total. Add lines 1 through 3	List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informat number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ion such as the	Expenses	5
CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPORT, BY CONTRIBUTIONS, OTHER ORGANIZATIONS EXEMPT UNDER INTERNAL 2 REVENUE CODE SECTION 501(C)(3). O. Part IX-B Summary of Program-Related investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount 1 N/A Amount All other program-related investments. See instructions. 3 N/A All other program-related investments. See instructions.		DIRECT		
2 REVENUE CODE SECTION 501(C)(3). 0. Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.				
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount 1 N/A 2 All other program-related investments. See instructions. 3 N/A Total, Add lines 1 through 3		INTERNAL		0.
All other program-related investments. See instructions. All other program-related investments. See instructions. 3 N/A Total, Add lines 1 through 3	2 REVENUE CODE SECTION 501(C)(3).			
All other program-related investments. See instructions. All other program-related investments. See instructions. 3 N/A Total, Add lines 1 through 3				_
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount O. All other program-related investments. See instructions. 3 N/A Total. Add lines 1 through 3				0.
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A 0 . 2	3			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A 0 . 2				
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A 0 . 2	A			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A 0 . 2	· · · · · · · · · · · · · · · · · · ·			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A 0 . 2				
1 N/A 2 All other program-related investments. See instructions. 3 N/A O . Total. Add lines 1 through 3 O .				
All other program-related investments. See instructions. 3 N/A O. Total. Add lines 1 through 3			Amount	
All other program-related investments. See instructions. 3 N/A O. Total. Add lines 1 through 3	1 <u>N/A</u>			
All other program-related investments. See instructions. 3 N/A O. Total. Add lines 1 through 3				•
All other program-related investments. See instructions. 3 N/A O. Total. Add lines 1 through 3				<u> </u>
3 N/A 0. Total. Add lines 1 through 3 ▶ 0.	2	 .		
3 N/A 0. Total. Add lines 1 through 3 ▶ 0.				
3 N/A 0. Total. Add lines 1 through 3 ▶ 0.	All other program-related investments. See instructions.		•	
Total. Add lines 1 through 3 Do and through 3 Do and through 3 Do and through 3	·			
Total. Add lines 1 through 3 ▶ 0.				
Total. Add lines 1 through 3 ▶ 0.				
Total. Add lines 1 through 3 ▶ 0.				
Total. Add lines 1 through 3 ▶ 0.				^
	Total, Add lines 1 through 3	P	Form 990-1	

C/O ROSANNE MIGLIORINO

[Part]X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1,996,348. 1a Average monthly fair market value of securities 1b Average of monthly cash balances 1c c Fair market value of all other assets 1,996,348. 14 d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 996. 348. 3 Subtract line 2 from line 1d 29,945. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 966,403. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 98,320. Minimum investment return. Enter 5% of line 5 Part XII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here
and do not complete this part.) 98,320. Minimum investment return from Part X, line 6 2a Tax on investment income for 2018 from Part VI, line 5 Income tax for 2018. (This does not include the tax from Part VI.) 14,730. 2c Add lines 2a and 2h 83.590. Distributable amount before adjustments. Subtract line 2c from line 1 3 0. 4 Recoveries of amounts treated as qualifying distributions 590. 5 Add lines 3 and 4 0. 6 Deduction from distributable amount (see instructions) 83,590. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 [Part:XII] Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: 3a Suitability test (prior IRS approval required) 3b Cash distribution test (attach the required schedule) 2,757,095. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment' 14,730. income. Enter 1% of Part I, line 27b 2,742,365. Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,			*	03 500
line 7				83,590.
2 Undistributed income, if any, as of the end of 2018			245	
a Enter amount for 2017 only		<u> </u>	717.	
b Total for prior years:		0.		í
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				!
d From 2016				
e From 2017				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from				
Part XII, line 4: ►\$ 2,757,095.				
a Applied to 2017, but not more than line 2a			717.	
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 2018 distributable amount				83,590.
e Remaining amount distributed out of corpus	2,672,788.			
5 Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:			:	,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2, <u>672,788</u> .			
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 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			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 to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election		W		v
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019.		-		
Subtract lines 7 and 8 from line 6a	2,672,788.			
10 Analysis of line 9:				1
a Excess from 2014		:		
b Excess from 2015				1
c Excess from 2016				
d Excess from 2017				
e Excess from 2018 2,672,788.	v		11 N	

Part XIV Private Operating Form	ANNE MIGLIO	KINO	A superior O		694821 Page 10
		· · · · · · · · · · · · · · · · · · ·	A, question 9)	N/A	
1 a If the foundation has received a ruling of			_		
foundation, and the ruling is effective for				14040(1)(2) []	10.10(.)(5)
b Check box to indicate whether the found		g touridation described in		49 <u>42(j)(3)</u> or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2018	(b) 2017	Prior 3 years (c) 2016	(d) 2015	(e) Total
income from Part I or the minimum	(2) 2010	(8) 2017	(6) 2010	(0) 2013	(6) 10(8)
investment return from Part X for					
each year listed				 /	1
b 85% of line 2a		\	<u> </u>	 /	-
c Qualifying distributions from Part XII,					
line 4 for each year listed				 /	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			//	 	
e Qualifying distributions made directly	,	•			
for active conduct of exempt activities.			X		
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					<u> </u>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
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					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					1
Part XV Supplementary Information at any time during the			the foundation	had \$5,000 or mo	ore in assets
at any time during tr	ne year-see instru	ictions.)			·
1 Information Regarding Foundation	•				
a List any managers of the foundation who year (but only if they have contributed m			ibutions received by the	foundation before the clo	se of any tax
	ore man \$5,000). (See Se	ction 507(0)(2).)			
DOUGLAS W. KIMMELMAN	4004 (4)				
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portion	on of the ownership of a j	partnership or
• •	a 10 /8 of greater interes	•			
NONE			<u>-</u>		
2 Information Regarding Contribution					
Check here X if the foundation of the foundation makes gifts, grants, etc.,	nly makes contributions to	o preselected charitable o	organizations and does r	not accept unsolicited req	uests for funds. If
					
a The name, address, and telephone numb	er or email address of the	e person to whom applica	itions should be address	sed:	
h. The form is which applications should be	a submitted and informati	an and materials that sh	auld restrictes		
b The form in which applications should be	s Suomilleu and informati	on and materials they sh	onia ilicinas;		
c Any submission deadlines:				 	
- ray odomission doddinos.					
d Any restrictions or limitations on awards	, such as by geographical	areas, charitable fields, l	kınds of institutions, or	other factors:	

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Grants and Contributions Paid During t		Payment I		
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				
JSTA FOUNDATION	NONE	PC	GENERAL CHARITABLE	
70 W RED OAK LN #1			PURPOSES	15.07
WHITE PLAINS, NY 10604	-··- 			15,00
TONY HAWK FOUNDATION	NONE	₽C	GENERAL CHARITABLE	
1611-A S. MELROSE DR #360			PURPOSES	
VISTA, CA 92081			<u> </u>	5,00
TGR FOUNDATION	NONE	PC)	GENERAL CHARITABLE PURPOSES	
975 F ST, SUITE 1050 WASHINGTON, DC 20004		1	FORFORES	100,00
WASHINGTON, DC 20004				100,00
STANDFORD MEDICINE	NONE	₽C	GENERAL CHARITABLE	,
130 OVERLEIGH RD			PURPOSES	
BERNARDSVILLE, NJ 07924-1519			, na	1,000,00
	TOWE		GENERAL GUARTMARIE	
PROMISES2KIDS	NONE ~	PC	GENERAL CHARITABLE PURPOSES	
9400 RUFFIN COURT, SUITE A SAN DIEGO, CA 92123			PURPOSES	5,00
	CONTINUATION SHEE	T(S)	▶ 3a	2,757,09
b Approved for future payment	<u> </u>	1 1 1	July	_,,.
NONE				
		L	,	
Total			<u>▶ 3b</u>	rm 990-PF (2

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient NATIONAL WRESTLING HALL OF FAME AND NONE Þ¢ GENERAL CHARITABLE PURPOSES MUSEUM 405 W HALL OF FAME AVE 10,000. STILLWATER, OK 74075 NONE GENERAL CHARITABLE KEVIN J. HANNAFORD, SR. FOUNDATION, ÞС PURPOSES INC. 55 S FINLEY AVE BASKING RIDGE, NJ 07920 1,000. GENERAL CHARITABLE BLAIR IN KENYA, INC NONE 2 PARK ST PURPOSES 10,000. BLAIRSTOWN, NJ 07825 GENERAL CHARITABLE BLAIR ACADEMY NONE ÞС PURPOSES PO BOX 600 625,000. BLAIRSTOWN, NJ 07825-0600 GENERAL CHARITABLE A BRIDGE FOR KIDS NONE ÞС PURPOSES 4445 EASTGATE MALL, STE 200 SAN DIEGO, CA 92121 1,000. INDEPENDENT WOMEN'S FORUM NONE ÞС GENERAL CHARITABLE 1875 I STREET, NW, SUITE 500 PURPOSES WASHINGTON, DC 20006 25,000. GENERAL CHARITABLE THE KIMMELMAN FAMILY FOUNDATION NONE PURPOSES 777 SOUTH FLAGLER DR. 960,095. WEST PALM BEACH, FL 33401 1,632,095. **Total from continuation sheets**

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Part XVI-A **Analysis of Income-Producing Activities**

Enter groce amounts uplace otherwise indicated	Unrelate	ed business income	Exclud	ed by section 512, 513, or 514	/a)
Enter gross amounts unless otherwise indicated.	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	Code		-	-	
a b					
c					
d					
e		*** · · · · · · · · · · · · · · · · · ·			
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments		_			
3 Interest on savings and temporary cash					
investments			14	193.	
4 Dividends and interest from securities			14	16,156.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property			 	-	
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			L		
8 Gain or (loss) from sales of assets other					
than inventory			18	1,456,644.	
9 Net income or (loss) from special events			 	w . .	
10 Gross profit or (loss) from sales of inventory	<u> </u>		\vdash		
11 Other revenue:			1		
å			+		
b			┼┼		
c		"	\vdash		
d			+		
6	-	0.	\vdash	1,472,993.	0.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)				13_	
(See worksheet in line 13 instructions to verify calculations.)				· · · · ·	1,1,2,333.
	the Acce	mplishment of Ev	omnt	Durnosos	
Part XVI-B Relationship of Activities to	ine Acco	implishment of Ex	empt	Purposes	
Line No. Explain below how each activity for which incor			contribi	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than b	y providing fui	nds for such purposes).			
	_				
					<u></u>
				·	
		· · · · · · · · · · · · · · · · · · ·		·	
				** -	
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823621 12-11-18					Form 990-PF (2018)

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Part	XVII	Information Re Exempt Organ		sfers to a	nd Transactions ar	nd Relationsh	ips With Nonch	naritable		<u>y</u>
1 Die	the ord			of the following	ng with any other organization	on described in sect	ion 501(c)		Yes	No
					to political organizations?		55 1(5)			
		from the reporting found								İ.
	Cash				••••••••••••••••••••••••••••••••••••••			1a(1)		Х
• •	Other	assets						1a(2)		Х
• •		sactions:								
		of assets to a noncharita	ible exempt organiza	ition				1b(1)		X
• .		ases of assets from a no						1b(2)		Х
• •		I of facilities, equipment,	· ·	o. gaa				1b(3)		Х
•		oursement arrangements						1b(4)		Х
• •		or loan guarantees						1b(5)		Х
		rmance of services or me	embership or fundra	ising solicitatio	ns			1b(6)		X
		facilities, equipment, ma	· ·	-				10		X
	-				dule. Column (b) should al	ways show the fair i	market value of the go		ets.	-
		-			ed less than fair market valu				,	
) the value of the goods,						,		
(a) Line r		(b) Amount involved			e exempt organization	(d) Description	n of transfers, transactions	, and sharing arra	angemer	nts
``	N/A									
				-						
								•		•
			<u> </u>							
	<u> </u>		<u> </u>							
2a Is	the four	idation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organi	zations described		_		_
		501(c) (other than section		ection 527?				Yes	X	No
<u> </u>	Yes," co	mplete the following sch			1 - .	Υ				
		(a) Name of org	ganization		(b) Type of organization	-	(c) Description of rela	ationsnip		
		N/A		_			•			
										
					 - -					
	Under	penaltres of perjury, I declare	that I have examined #1	s return, including	accompanying schedules and st	I atements, and to the be	est of my knowledge			
Sign					taxpayer) is based on all informa			May the IRS of return with the	e prepar	er
Here					1 1/1/3/19	TRUST	RR	X Yes		No
	Sign	ature of officer or trustee			Date	Title	 .	- [100	<u>, </u>	
	1 - 3	Print/Type preparer's na		Preparer's s		Date	Check If F	PTIN		
]		',			self- employed			
Paid		DAVID F. D	OTSON	12	07. DW	11-7-19	1	P00738	401	
Prep	arer	Firm's name ► DEL		K LLP		•	Firm's EIN ▶ 86			
Use	Only									
	Firm's address ► 1700 MARKET STREET 25TH FLOOR									

PHILADELPHIA, PA 19103

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	HE KIMMELMAN FAMILY FOUNDATION	00.5504004	
	O ROSANNE MIGLIORINO	82-6694821	
Organization type (check	one)		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
•	is 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	le See instructions	
General Rule			
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II See instructions for determining a contributor's	•	
Special Rules			
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of {1} \$5,000, or {2} 2% of the amount of the section of the section of the greater of the section of the sectio	or 16b, and that received from	
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or education of the celty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the c	cational purposes, or for the	
year, contribution is checked, enter purpose Don't co	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 must answer "No" or	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fi in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fi 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.

Employer identification number

THE KIMMELMAN FAMILY FOUNDATION

C/O ROSANNE MIGLIORINO

Partil	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DOUGLAS W. KIMMELMAN 9001 COLLINS AVENUE, SPH1 SURFSIDE, FL 33154	s1,346,862.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DOUGLAS W. KIMMELMAN 9001 COLLINS AVENUE, SPH1 SURFSIDE, FL 33154	\$ 117,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

THE KIMMELMAN FAMILY FOUNDATION

C/O ROSANNE MIGLIORINO

Employer identification number

(d) ate received 2/18/20 (d) ate received
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· (4)
(d) ate received

Name of organization
THE KIMMELMAN FAMILY FOUNDATION
C.(O. BOCANNE MICH TORING

Employer identification number

82-6694821 C/O ROSANNE MIGLIORINO Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) FMV (or estimate) from Date received Description of noncash property given (See instructions) Part I 172 SHS BECTON, DICKINSON AND COMPANY 1 38,624. 12/18/18 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions) Part I 146 SHS UNITEDHEALTH GROUP UNINCORPORATED 1 37,099. 12/18/18 (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I 131 SHS 3M COMPANY 25,550. 12/18/18 (a) (c) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions) Part I 127 SHS CME GROUP INC. 1 23,462. 12/18/18 (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions) Part I 78 SHS THE SHERWIN-WILLIAMS COMPANY 1 29,949. 12/18/18 (a) (c) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions.) Part I 53 SHS METTLER-TOLEDO INTERNATIONAL INC. 1 30,475. 12/18/18

Employer identification number

THE KIMMELMAN FAMILY FOUNDATION

C/O ROSANNE MIGLIORINO

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	25 SHS AUTOZONE INC		
		\$ 21,519.	12/18/18
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	583 SHS IHS MARKET LTD.	•	
		\$ 29,482.	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	38 SHS ALPHABET INC.	-	
		\$ 40,915.	12/13/18
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	19 SHS AMAZON.COM INC.		
		\$31,669.	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	214 SHS AMERICAN TOWER CORPORATION	-	
		\$35,533.	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV(or estimate) (See instructions)	(d) Date received
1	21 SHS BOOKING HOLDINGS INC.	-	
		\$ 38,712.	12/13/18

Employer identification number

THE KIMMELMAN FAMILY FOUNDATION

C/O ROSANNE MIGLIORINO

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	246 SHS CME GROUP INC.	-	
1		-	
		\$\$	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	594 SHS COGNIZANT TECHNOLOGY SOLUTIONS CORPORATION	-	
1		\$\$\$	_12/13/18_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	173 SHS ECOLAB INC.	_ }	
1		_	
		\$ 26,848.	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	61 SHS EQUINIX INC.	_	
1		-	
,		\$ \$ 23,896.	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	140 SHS FACEBOOK INC.	_	
1		-	_
		\$ 20,233.	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	132 SHS ILLUMINA INC.	-	
		- - s44,418.	12/13/18
			200 200 E7 a- 000 DE\ /2018\

Employer identification number

THE KIMMELMAN FAMILY FOUNDATION C/O ROSANNE MIGLIORINO

Part II	Noncash Property (see instructions) Use duplicate copies of Part II	if additional space is needed	0031021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	77 SHS INTUITIVE SURGICAL INC.		12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	487 SHS NIKE INC.		12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	158 SHS NVIDIA CORPORATION		12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	527 SHS PAYPAL HOLDINGS INC.		12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	208 SHS S&P GLOBAL INC.		12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	642 SHS THE CHARLES SCHWAB CORPORATION	 s 26,803.	12/13/18
	<u> </u>		200 200 E7 at 200 PE) (2018)

Name of organization
THE KIMMELMAN FAMILY FOUNDATION
C/O ROSANNE MIGLIORINO

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	447 SHS VISA INC.	\$	12/13/18
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Part I 1	104 SHS STERIS PLC	\$ 12,046.	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	840 SHS ALGONQUIN POWER & UTILITIES CORP.	\$9,022.	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1_	143 SHS AMERICAN STATES WATER COMPANY	\$9,803.	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	99 SHS AMERISAFE INC.	\$	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	162 SHS BWX TECHNOLOGIES INC.		40.00
	· · · · · · · · · · · · · · · · · · ·	\$ 6,819.	12/13/18

Name of organization
THE KIMMELMAN FAMILY FOUNDATION
C/O ROSANNE MIGLIORINO

Employer identification number

Part II	Noncash Property (see instructions) Use duplicate copies of Part	II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	82 SHS BADGER METER INC.	_	
1		_	
		ss	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	98 SHS CALAVO GROWERS INC.		
1		sss	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	70 SHS CASEY'S GENERAL STORES INC.	_	
1			
		s	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	51 SHS CHEMED CORPORATION		
1	·	_	
		\ \\$15,312.	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	440 SHS CLEARWAY ENERGY INC.		
1			
	•	\$7,916.	12/13/18
(a) No.	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
1	155 SHS COGENT COMMUNICATIONS HOLDINGS INC.	_	
		 \$7,445.	12/13/18
No. from Part I	Description of noncash property given 155 SHS COGENT COMMUNICATIONS HOLDINGS INC.	(c) FMV (or estimate) (See instructions.)	Date receive

Employer identification number

THE KIMMELMAN FAMILY FOUNDATION C/O ROSANNE MIGLIORINO

82-6694821

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed. _(a) Ńο. FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I 191 SHS COMFORT SYSTEMS USA INC. 1 8,929. 12/13/18 (a) (c) No. (d) (b) FMV (or estimate) Date received from Description of noncash property given (See instructions) Part I 196 SHS ENCOMPASS HEALTH CORPORATION 1 14,261. 12/13/18 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I 354 SHS THE ENSIGN GROUP INC. 1 16,518. 12/13/18 (a) (c) No. (d) (b) FMV (or estimate) Date received from Description of noncash property given (See instructions) Part I 116 SHS EVERCORE INC. 1 8,858. 12/13/18 (a) (c) No. (d) (b) FMV (or estimate) Date received from Description of noncash property given (See instructions) Part I 240 SHS EXPONENT INC. 1 12,127. 12/13/18 (a) (c) No. (b) (d) FMV (or estimate) from **Date received** Description of noncash property given (See instructions) Part I 199 SHS HEALTHCARE SERVICES GROUP INC. 1 8,428. 12/13/18

Employer identification number

THE KIMMELMAN FAMILY FOUNDATION C/O ROSANNE MIGLIORINO

	OSANIE MIGHIORINO		0034021
Part II	Noncash Property (see instructions) Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	353 SHS HOME BANCSHARES INC.		
1		s6,121.	12/13/18
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	60 SHS J & J SNACK FOODS CORP	_	
1			
			12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	165 SHS J2 GLOBAL INC.	_	
1		_	
		11,745.	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	348 SHS KENNEDY-WILSON HOLDINGS INC.		
1		_	
		s6,925.	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	46 SHS LITTELFUSE INC.		
1		_	
		\$ 7,982.	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	91 SHS MORNINGSTAR INC.	_	
1		_	`
		s10,309.	12/13/18

Employer identification number

THE KIMMELMAN FAMILY FOUNDATION

C/O ROSANNE MIGLIORINO

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	97 SHS POOL CORPORATION		
_1			
		\$ <u>14,665.</u>	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	133 SHS POWER INTEGRATIONS INC.	-	
_1			
		\$8,468.	12/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Parti	59 SHS QUAKER CHEMICAL CORPORATION		
1			
		\$ <u>11,570.</u>	12/13/18
(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
		-	
		- _	
		_ \$	

THE PINNER MAN EAMITY EATHERATION

Employer identification number

THE	KIMMELMAN	FAMILY	FOUNDATION

C	/ 0	ROSANNE	MIGLIORING	٦
·	$^{\prime}$	LOSMING	MITGHIONING	,

Part III	from any one contributor. Complete columns (a	through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try 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 gif	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 gif	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 Transferee's name, address, and ZIP + 4		t Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	

FORM 990-PF INTERE	ST ON SAVII	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1	
SOURCE	REVE	(A) REVENUE PER BOOKS		(B) VESTMENT COME	(C) ENT ADJUSTED NET INCOME		
INTEREST INCOME - J	PM #0001	<u></u>	193.		193.	0.	
TOTAL TO PART I, LINE 3			193.		193.	0.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) VENUE BOOKS	(B) NET INVEST MENT INCOM		
DIVIDEND INCOME - JPM #0001	16,156	•	0.	16,156.	16,156	·	
TO PART I, LINE 4	16,156	•	0.	16,156.	16,156	0.	
FORM 990-PF		LEGAL	FEES			STATEMENT 3	
DESCRIPTION	,	(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOME		
LEGAL FEES	_	32,938.		0.	C	0.	
TO FM 990-PF, PG 1,	LN 16A =	32,938.		0.	C	0.	
FORM 990-PF	= P++-2	ACCOUNTI	NG FEES			STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES		7,298.		0.	C	0.	
TO FORM 990-PF, PG	1, LN 16B	7,298.		0.	C	0.	
					 		

NET ASSETS OR FUND BALANCES	STATEMENT 5			
DESCRIPTION				
UNREALIZED GAIN ON CONTRIBUTED SECURITIES TOTAL TO FORM 990-PF, PART III, LINE 5				
			RPORATE STOCK	STATEMENT 6
BOOK VALUE	FAIR MARKET VALUE			
13,226 5,724 14,545 17,842 24,305 25,087 6,319 6,352 6,160 36,785 6,019 35,094 20,911 ON COM 8,140 7,146 5,612 5,408 12,344 14,368 6,282 6,047 17,703 13,677 6,427 27,568 11,231 6,518 4,462 19,844	28,537. 9,587. 18,625. 20,959. 38,755. 36,171. 6,193. 8,970. 14,447. 70,169. 7,008. 37,707. 25,492. 12,093. 13,732. 8,301. 12,170. 18,353. 24,859. 7,996. 5,768. 39,591. 36,877. 8,675. 35,102. 11,448. 6,323. 7,888. 42,635. 29,976. 53,075.			
	BOOK VALUE 28,282 13,226 5,724 14,545 17,842 24,305 25,087 6,319 6,352 6,160 36,785 6,019 35,094 20,911 ON COM 8,140 7,146 5,612 5,408 12,344 14,368 6,282 6,047 17,703 13,677 6,427 27,568 11,231 C 6,518 4,462 19,844 17,112			

THE KIMMELMAN FAMILY FOUNDATION C/O ROSA		82-6694821
78 SHS SHERWIN-WILLIAMS CO/THE	21,120.	30,690.
146 SHS UNITEDHEALTH GROUP INC	16,921.	36,372.
447 SHS VISA INC-CLASS A SHARES	29,310.	58,977.
131 SHS 3M CO	21,235.	24,961.
99 SHS AMERISAFE INC	6,205.	5,612.
82 SHS BADGER METER INC	3,747.	4,035.
98 SHS CALAVO GROWERS INC	5,350.	7,150.
191 SHS COMFORT SYSTEMS USA INC	6,063.	8,343.
440 SHS ISSUER CLEARWAY ENERGY INC COM	6,016.	7,445.
133 SHS POWER INTEGRATIONS INC	6,683.	8,110.
171 SHS STANDARD MOTOR PRODS	7,302.	8,282.
79 SHS U.S. PHYSICAL THERAPY INC	5,193.	8,086.
840 SHS ALGONQUIN POWER & UTILITIES	8,258.	8,442.
583 SHS IHS MARKIT LTD	19,172.	27,967.
104 SHS NEW STERIS LTD	7,857.	11,112.
214 SHS AMERICAN TOWER CORP	20,184.	33,853.
61 SHS EQUINIX INC	14,732.	21,506.
373 SHS RETAIL OPPORTUNITY INVESTMEN	6,484.	5,923.
120 SHS RYMAN HOSPITALITY PROPERTIES	6,128.	8,003.
TOTAL TO FORM 990-PF, PART II, LINE 10B	809,527.	1,290,115.

FORM	990-PF	SCHEDULE OF CONTROLLED ENTITIES PART VII-A, LINE 11	STATEMENT	7 .
		·		

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

THE CAROL KIMMELMAN CENTER, LLC

82-6694821

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

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

FORM 990-PF

SCHEDULE OF EXEMPT GRANTS PART VII-B, LINE 5C

STATEMENT 9

NAME OF GRANTEE: THE KIMMELMAN FAMILY FOUNDATION C/O ENERGY CAPITAL PARTNERS

AMOUNT OF GRANT: \$117,835

DATE OF GRANT: 6/5/19

AMOUNT OF GRANT: \$862,451

DATE OF GRANT: 6/25/19

TOTAL AMOUNT OF GRANTS: \$980,286

<u>PURPOSE OF GRANT:</u> THE KIMMELMAN FOUNDATION MADE A TRANSFER OF \$980,286 TO THE KIMMELMAN FAMILY FOUNDATION (EIN: 13-3933319) TO BE USED FOR GENERAL CHARITABLE PURPOSES ON PUBLIC CHARITIES AS DESCRIBED IN SECTION 509(a)(1)/(2).

AMOUNT EXPENDED BY GRANTEE: \$960,096

AMOUNT RECOVERED BY GRANTOR: \$20,190

DATE RECOVERED: 8/29/19