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OMB No 1545-0052

2019

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

		ndar year 2019, or tax year beginning 01-01-20)19 , a	nd ending 12-31-				
		indation AMILY FOUNDATION			entification numbe	er		
			Room/suite	41-1794327				
		I street (or P O box number if mail is not delivered to street address) PINE STREET	B Telephone nu (952) 927-9338	B Telephone number (see instructions)				
		, state or province, country, and ZIP or foreign postal code		, ,				
PHIL	ADELPH	HA, PA 19103		C If exemption	application is pendin	ng, check here		
G Ch	eck al	I that apply \square Initial return \square Initial return of a \square Final return \square Amended return	former public charity	2 Foreign or	ganizations, check he	the 85%		
		Address change Name change		·	k here and attach co	· · -		
l Ch	eck ty	pe of organization $lacksquare$ Section 501(c)(3) exempt private	foundation		undation status was t in 507(b)(1)(A), chec			
	Section	1 4947(a)(1) nonexempt charitable trust	e private foundation					
of '	year (f	xet value of all assets at end from Part II, col (c), ▶\$ 8,213,595 J Accounting method □ Other (specify) (Part I, column (d) must	✓ Cash ☐ Accru		ation is in a 60-mont n 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	<u> </u>		(d) Disbursements		
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach	75.422					
	2	schedule) Check ▶ ☐ If the foundation is not required to attach	75,132					
		Sch B						
	3	Interest on savings and temporary cash investments	45					
	4	Dividends and interest from securities	111,910	111,910				
	5a b	Net rental income or (loss)						
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	68,301					
Revenue	b	Gross sales price for all assets on line 6a 407,663	,					
Re	7	Capital gain net income (from Part IV, line 2)		68,301				
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	255,388	· ·				
	13	Compensation of officers, directors, trustees, etc Other employee salaries and wages	C	0		C		
. ^	14 15	Pension plans, employee benefits						
Se	16a	Legal fees (attach schedule)						
<u>ē</u>	ь	Accounting fees (attach schedule)	3,038	3,038		C		
Operating and Administrative Expenses	С	Other professional fees (attach schedule)	28,017	-		C		
<u>K</u> e	17	Interest						
EL 3	18	Taxes (attach schedule) (see instructions)						
<u>=</u>	19	Depreciation (attach schedule) and depletion						
Ξ	20	Occupancy						
ď	21	Travel, conferences, and meetings						
anc	22	Printing and publications						
Ď.	23	Other expenses (attach schedule)	% J 765	765		C		
rati	24	Total operating and administrative expenses.						
ğ		Add lines 13 through 23	31,820			C		
ر	25	Contributions, gifts, grants paid	386,560			386,560		
	26	Total expenses and disbursements. Add lines 24 and 25	418,380	31,820		386,560		
	27	Subtract line 26 from line 12				·		
	а	Excess of revenue over expenses and	-162,992					
	ь	disbursements Net investment income (if negative, enter -0-)	-162,992	148,436				
	С	Adjusted net income (If negative, enter -0-)		140,430				
or		work Reduction Act Notice, see instructions.	l	Cat No. 11289)		 rm QQD-DE (2019)		

Page 2

8,153,154

8.213.595

1.827.110

1,847,865

-20,755

1,827,110

1,827,110

2,065,367

-162,992

1,902,375

1,827,110 Form **990-PF** (2019)

75,265

1

2

3

4

5

1,923,130

142,237

2,065,367

2,065,367

	3	Accounts receivable ►				
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts ▶				
2	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U S and state government obligations (attach schedule)				
	ь	Investments—corporate stock (attach schedule)	1,962,610	% ₃	1,766,669	
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach schedule) ▶				
		Investments mertana lane				

Investments—mortgage loans . . . 12 13 Investments—other (attach schedule) 14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) 15 Other assets (describe > _ Total assets (to be completed by all filers—see the 16 2.065,367 instructions Also, see page 1, item I) 17 Accounts payable and accrued expenses . 18 Grants payable

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Liabilities

Net Assets or Fund Balances

19

20

21

22 23

24

25

26

27

28 29

30

Part III

2

3

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Other liabilities (describe >_

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Total liabilities(add lines 17 through 22)

Foundations that follow FASB ASC 958, check here ▶

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds

	e the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1a See Additional Data Tabl	e					
b						
С						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or d	(g) other basis ense of sale	Gain d	h) or (loss) i) minus (g)	
a See Additional Data Tabl	e				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b						
С						
d						
e						
	s showing gain in column (h) and ow	ned by the foundation (on 12/31/69	<u> </u>	(I)	
(i) F M V as of 12/31/69	(j) Adjusted basis	Excess	(k) of col (ı)	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))	
a See Additional Data Tabl	as of 12/31/69	over col	(j), if any	Losses (II	om cor (m))	
	e					
b						
<u> </u>						
d				1		
e		If gain, also enter in Pa		1		
If gain, also enter in Pa in Part I, line 8	rt I, line 8, column (c) (see instruction	ons) If (loss), enter -0	}	3		
Part V Qualification (Jnder Section 4940(e) for Re	duced Tax on Net	Investment Ir	icome		
For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	t investment incor	me)		
f section 4940(d)(2) applies, le	eave this part blank					
	e section 4942 tax on the distributal ot qualify under section 4940(e) Do		in the base period	r	es 🔽 No	
1 Enter the appropriate an	nount in each column for each year,	see instructions before	making any entrie	es		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitabl	e-use assets	(d) Distribution rat (col (b) divided by d		
2018	370,965		7,153,944		0 051855	
2017	342,746		6,606,959	· · · · · · · · · · · · · · · · · · ·	0 051877	
2016	288,392		5,697,725		0 050615	
2015	278,071		5,698,325		0 048799	
2014	281,592		5,430,620		0 051853	
2 Total of line 1, column (d)		2		0 254999	
number of years the four	o for the 5-year base period—divide indation has been in existence if less incharitable-use assets for 2019 from	than 5 years	0, or by the 3		0 051000 7,531,928	
5 Multiply line 4 by line 3	· · · · · · · · · · · · · · · · · · ·					
	ent income (1% of Part I, line 27b)		6		1,484	
			 7		385,612	
	ions from Part XII, line 4			1	386,560	
	eater than line 7, check the box in Pa			ng a 1% tax rate Se	<u>-</u>	
				Fo	orm 990-PF (2019	

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Pai	t VIII-B Statements Regard	ing Activities for Which	Form 4720 May Be	Required (continued)			
5a	During the year did the foundation p	ay or incur any amount to				Yes	No
	(1) Carry on propaganda, or otherw	•		☐ Yes ✓	No		
	(2) Influence the outcome of any sp	·	• • • • • • • • • • • • • • • • • • • •				
	on, directly or indirectly, any vot	-		· · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individual i	• • • • • • • • • • • • • • • • • • • •		☐ Yes 🗹	No		
	(4) Provide a grant to an organization		· -				
	in section 4945(d)(4)(A)? See in (5) Provide for any purpose other th	·· ·	No				
	,, ,	• •	* * * * * * * * * * * * * * * * * * * *				
h	educational purposes, or for the If any answer is "Yes" to $5a(1)-(5)$,	·		⊔ Yes 🖭	No		
b	Regulations section 53 4945 or in a c	•		•	5b		
	Organizations relying on a current no				35		
c	If the answer is "Yes" to question 5a						
Ĭ	tax because it maintained expenditure	• • •	•				
	If "Yes," attach the statement requir			' ' ∐ Yes ∐	No		
6a	Did the foundation, during the year,	· -		ıms on			
	a personal benefit contract?	, , , , , , , , , , , , , , , , , , , ,					
ь	Did the foundation, during the year,			⊔ Yes 🖭	No 6b		No
	If "Yes" to 6b, file Form 8870	. , , , ,	,, ,				
7a	At any time during the tax year, was	the foundation a party to a p	orohibited tax shelter trai	nsaction? Yes	No.		
b	If "Yes", did the foundation receive a	ny proceeds or have any net	income attributable to th	ne transaction?	7b		
8	Is the foundation subject to the section	on 4960 tax on payment(s)	of more than \$1,000,000	in remuneration or			
	excess parachute payment during th	e year [?]		· · 🗌 Yes 🗸	No L		
	Information About O	fficers, Directors, Trus	tees, Foundation Ma	nagers, Highly Paid En		,	
Ра	t VIIII and Contractors						
1	List all officers, directors, trustee	s, foundation managers a	nd their compensation	See instructions			
	(-) None and address	(b) Title, and average	(c) Compensation (If	(d) Contributions to	(e) Expe	nse acc	ount,
	(a) Name and address	hours per week devoted to position	not paid, enter -0-)	employee benefit plans and deferred compensation	other a	llowan	ces
See /	Addıtıonal Data Table	'	,	'			
_2	Compensation of five highest-pai	d employees (other than t	hose included on line :		ne, enter "	NONE	."
(2)	Name and address of each employee :	(b) Title, and average		(d) Contributions to employee benefit	(e) Expen	CO 3000	ount
(a)	more than \$50,000	nours per week	(c) Compensation	plans and deferred	other al		
		devoted to position		compensation			
NON							
-							
Tota	I number of other employees paid ove						
	i number of other employees pald ove	. φου,ουσι ι ι ι ι	 		Form 99	O-DE	(2010

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include rele- organizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see II	nstructions)	
Describe the two largest program-related investments made by the foundation during th	<u> </u>	Amount
1	,	
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form 990-PF (2019)

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

3a 3h

4

5

386,560

1.484

385.076

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Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

the section 4940(e) reduction of tax in those years

4

5

375,112

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0

Page 9

,	
XIII	

b Total for prior years

a From 2014.

e From 2018.

b From 2015. . . . c From 2016. . .

d From 2017. . . .

Part

)-PF	(2	01	9)	
		l			

-PF (2	019)	
(III)	Undistributed Income	(see instructions)

1 Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only.

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e.

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2019

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. .

b Excess from 2016. .

c Excess from 2017. . .

d Excess from 2018. .

e Excess from 2019. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

17.671 6,011

6.014

15.644 18,038

> 6.011 6,014

15.644

18.038

11.448

(a)

Corpus

63.378

11.448

74,826

17.671

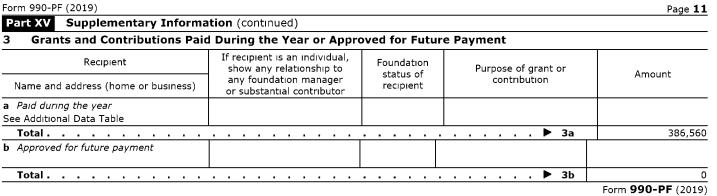
57,155

(b)

Years prior to 2018

(c)

2018



Enter gross	amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
Program service revenue a		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
2 Membe	and contracts from government agencies rship dues and assessments. t on savings and temporary cash nents					
4 Divider	nds and interest from securities					111,910
	financed property					
	ebt-financed property.					
	ital income or (loss) from personal property					
	nvestment income					
	(loss) from sales of assets other than					
Invento	•					68,301
	ome or (loss) from special events profit or (loss) from sales of inventory					
	revenue a					
с						
е						
	al Add columns (b), (d), and (e)		0			180,256
	Add line 12, columns (b), (d), and (e).			13	B	180,256
	orksheet in line 13 instructions to verify calcular Relationship of Activities to the		nment of Exem	pt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's explain tructions (income is report	ed in column (e) of	f Part XVI-A contribu)
3	USED TO FUND THE CHARITABLE CONTRIBU	ITIONS MADE BY	THE FOUNDATION	I		
	USED TO FUND THE CHARITABLE CONTRIBU					
}	USED TO FUND THE CHARITABLE CONTRIBU					
				<u> </u>		
	1					

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations			
Did the organ	pization directly or indirectly engage in any of the following with any other organization described in section 501		

Part XVII	Exempt Organi		SICIS IU d	anu mansactio	iis aliu kelatit	onsnips with Nonc	ilai itabie		
		dırectly engage ı				on described in section	501	Yes	No
a Transfers fr	om the reporting foun	dation to a noncl	harıtable ex	empt organization	of				
(1) Cash.							1a(1)		No
(2) Other	assets						1a(2)		No
b Other trans	actions								
(1) Sales (of assets to a nonchari	table exempt or	ganızatıon.				. 1b(1)		No
(2) Purcha	ses of assets from a n	oncharitable exe	mpt organiz	zation			. 1b(2)		No
(3) Rental	of facilities, equipmen	nt, or other asset	s				. 1b(3)		No
(4) Reimb	ursement arrangemen	ts					1b(4)		No
	or loan guarantees.						1b(5)		No
(6) Perform	nance of services or m	embershıp or fur	ndraising sol	licitations			1b(6)		No
_	acılıtıes, equipment, n	-	· •				1c		No
						lways show the fair ma			
						ed less than fair marke ets, or services received			
					J ,	,			
(a) Line No	(b) Amount involved	(c) Name of none	charitable exe	mpt organization	(d) Description o	f transfers, transactions, ar	nd sharing arrai	ngement	ts
22 Is the found	dation directly or indire	setly affiliated wi	th or rolato	d to one or more	tay-ayampt arga	NIZATIONS			
	section 501(c) (other	•	•	•			✓ No		
	mplete the following so		1(0)(3)) 01	in section 3277.		ш ies	<u> </u>		
D II Tes, Col	(a) Name of organization		1 0	b) Type of organization	on I	(c) Description of	relationshin		
	(a) Name of organization	···		b) Type of organization	,,,,	(C) Description of	Telationship		
of my		, it is true, corre				ring schedules and state than taxpayer) is base			
Sign Here	****			2020-04-22	*****		May the IRS di return with the prepai		
S	gnature of officer or t	rustee		Date	Title		below (see instr) 🗹	_	
·	Print/Type preparer's name Prepa		eparer's Signature		Date	Check if self-			
Paid	BJ HOFFMAN CPA				2020-04-22	employed ▶ □	P00172	.524	
Preparer Use Only	Firm's name ► CITR	IN COOPERMAN	& COMPANY	Y LLP	1	Fir	m's EIN ▶22-	-24289	65
	Firm's address ▶ 18	00 JFK BLVD 20	TH FLOOR						
	PHILADELPHIA, PA 19103) 545-4	1800

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation AMGEN INC P 2019-09-04 1997-03-15 BRISTOL MYERS Р 2019-09-04 2016-08-05 CANTEL MEDICAL CORP Ρ 2019-09-04 2013-03-08 MEDNAX INC P 2019-08-22 2011-01-11 Ρ MONOTYPE IMAGING HOLDINGS 2019-10-14 2011-02-07 Р ZOETIS INC 2019-09-04 2014-02-11 PUTNAM ULTRA SHORT DURATION INCOME FUND CLASS A 2019-11-12 2019-01-22 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Gain or (loss) (e) Gross sales price Depreciation allowed Cost or other basis (g) plus expense of sale (f) (or allowable) (h) (e) plus (f) minus (g) 30.707 8.625 22,082 62,350 74,611 -12,26129.059 6.545 22.514 26.533 39.107 -12,57464.513 55,346 9.167 50,913 11,707 39,206 143.588 143,421 167 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 22,082 -12,261 22,514 -12,5749,167 39,206 167

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation HARVEY KAPLAN DIRECTOR Ω Ω 35 00 6566 FRANCE AVENUE SO SUITE 701 EDINA, MN 55435 MARJORIE KAPLAN DIRECTOR n n 35 00 6566 FRANCE AVENUE SO SUITE 701 EDINA, MN 55435 HELEN KAPLAN SECRETARY n 40 00 139 W 85TH STREET 5 NEW YORK, NY 10024 LAURA KAPLAN DIRECTOR 0 35 00 2828 SUNSET BLVD MINNEAPOLIS, MN 55416 RACHEL KAPLAN PRESIDENT n 5 00 1714 W BYRON CHICAGO, IL 60613 BOB RIESMAN DIRECTOR 0 0 35 00 1714 W BYRON CHICAGO, IL 60613 LEAH KAPLAN 0 VICE PRESIDENT 0 40 00 2117 PINE STREET PHILADELPHIA, PA 19103 ROSS KAPLAN **TREASURER** O 2 00 2828 SUNSET BLVD MINNEAPOLIS, MN 55416 JON SMOLLEN DIRECTOR 0 0

35 00

2117 PINE STREET PHILADELPHIA, PA 19103

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).
HARVEY KAPLAN
MARJORIE KAPLAN
HELEN KAPLAN
LAURA KAPLAN
RACHEL KAPLAN
BOB RIESMAN
LEAH KAPLAN
ROSS KAPLAN

JON SMOLLEN

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

AMERICAN FOUNDATION FOR CUICIDE	NC	TEMICH COCIAL CERVICES	2 500
SURVIVORS POBOX 7005 EVANSTON, IL 60201			·
ALLIANCE OF HOPE FOR SUICIDE LOSS	NC	JEWISH COMMUNITY	2,500

AMERICAN FOUNDATION FOR SUICIDE PREVENTION(AFSP) 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005	NC	JEWISH SOCIAL SERVICES	2,500

NEW YORK, NY 10005			
AMERICAN JEWISH WORLD SERVICE 45 WEST 36TH STREET 11TH FLOOR	NC	JEWISH CULTURAL	8,500
NEW YORK NY 10010	I		

AMERICAN JEWISH WORLD SERVICE 45 WEST 36TH STREET 11TH FLOOR	NC	JEWISH CULTURAL	8,500
NEW YORK, NY 10018			

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

Total .

a raid daring the year			
ANSHE EMET SYNAGOGUE 371 NORTH BROADWAY CHICAGO, IL 60613	NC	JEWISH RELIGIOUS ORGANIZATION	3,500
	l		

605 THIRD AVENUE NEW YORK, NY 10158			5,555
ANTI-DEFAMATION LEAGUE	NC	JEWISH SOCIAL SERVICES	8,000

NEW YORK, NY 10158			
ARK6450 NORTH CALIFORNIA AVENUE	NC	JEWISH SOCIAL SERVICES	15,000

ARK6450 NORTH CALIFORNIA AVENUE	NC	JEWISH SOCIAL SERVICES	15,00
CHICAGO, IL 60645			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
AVODAH125 MAIDEN LANE SUITE B NEW YORK, NY 10038	NC	JEWISH COMMUNITY ORGANIZATION	13,000
AZ CENTER FOR THE BLIND	NC	MEDICAL	1,000

AZ CENTER FOR THE BLIND 3040 SOUTH 45TH STREET PHOENIX, AZ 85040	NC	MEDICAL	
AZ TALKING BOOK LIBRARY	NC	EDUCATION	

PHOENIX, AZ 85040			
AZ TALKING BOOK LIBRARY 1030 NORTH 32ND STREET	NC	EDUCATION	1,000

AZ TALKING BOOK LIBRARY LO30 NORTH 32ND STREET	NC	EDUCATION	1,000
PHOENIX, AZ 85008			

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

BETH EL SYNAGOGUE 5225 BARRY STREET MINNEAPOLIS, MN 55416	NC	JEWISH RELIGIOUS ORGANIZATION	15,000
BIRTHRIGHT ISRAEL FOUNDATION	NC	JEWISH COMMUNITY	10,000

BIRTHRIGHT ISRAEL FOUNDATION PO BOX 21615 NEW YORK, NY 10087	NC	JEWISH COMMUNITY ORGANIZATION	10,000
BROWN UNIVERSITYPO BOX 1877	NC	EDUCATION	1,000

NEW YORK, NY 10087			
BROWN UNIVERSITYPO BOX 1877 PROVIDENCE, RI 029121877	NC	EDUCATION	1,000

Total . .

386,560

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
CARING KIND (ALZHEIMER'S) 360 LEXINGTON AVENUE NEW YORK, NY 10017	NC	MEDICAL	5,000

W TORK, NT 10017			
ST CONGREGATION BEIT SIMCHAT RAH	NC	JEWISH RELIGIOUS ORGANIZATION	
0 WEST 30TH ST W YORK, NY 10014			

Total .

TORAH 130 WEST 30TH ST NEW YORK, NY 10014	NC	ORGANIZATION	3,000
CHALLAH FOR HUNGER	NC	EMERGENCY FOOD AND	2,500

2 222

NEW YORK, NY 10014			
CHALLAH FOR HUNGER 201 S CAMAC ST FLOOR 2 PHILADELPHIA, PA 19107	NC	EMERGENCY FOOD AND SHELTER	2,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

9090 E BAHIA DR 106

Total .

SCOTTSDALE, AZ 85260

,	or substantial contributor			
a Paid during the year				
CITY MEALS ON WHEELS 355 LEXINGTON AVENUE NEW YORK, NY 10017		NC	EMERGENCY FOOD AND SHELTER	1,000
COMMON CAUSE EDUCATION FUND 805 15TH STREET NW SUITE 800 WASHINGTON, DC 20005		NC	EDUCATION	4,000
CONGREGATION OR TZION		NC	JEWISH RELIGIOUS	1,160

recipient

ORGANIZATION

COMMON CAUSE EDUCATION FUND 805 15TH STREET NW SUITE 800 WASHINGTON, DC 20005	NC	EDUCATION	4,
CONGREGATION OR TZION	NC	1EWISH RELIGIOUS	1

Recipient If recipient is an individual, show any relationship to Status of Status of

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CREATIVE GROWTH ART CENTER 355 24TH ST OAKLAND, CA 94612		NC	JEWISH CULTURAL	2,500
CURE ALZHEIMERS FUND 34 WASHINGSTONST SUITE 200 WELLESLEY, MA 02481		NC	MEDICAL	5,000
DOCTORS WITHOUT BORDERS USA 333 7TH AVE NEW YORK, NY 10001		NC	MEDICAL	3,000

386,560

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

	or substantial continuator			
a Paid during the year				
DOROT171 W 85TH STREET NEW YORK, NY 10024		NC	JEWISH SOCIAL SERVICES	15,000
ENVIRONMENTAL INITIATIVE 211 1ST ST 250 MINNEAPOLIS.MN 55401		NC	OTHER	3,000

recipient

ENVIRONMENTAL INITIATIVE 211 1ST ST 250 MINNEAPOLIS, MN 55401	NC	OTHER	3,000
FISHER CENTER FOR ALZHEIMERS RESEARCH FOUNDATION 110 EAST 42ND ST 16TH FLOOR	NC	MEDICAL	2,500

211 1ST ST 250 MINNEAPOLIS, MN 55401			
FISHER CENTER FOR ALZHEIMERS RESEARCH FOUNDATION 110 EAST 42ND ST 16TH FLOOR NEW YORK, NY 10017	NC	MEDICAL	2,5

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
FRIENDS OF YERMIN ORDE 4340 EAST WEST HIGHWAY 202 BETHESDA. MD 20814	NC	JEWISH COMMUNITY ORGANIZATIONS	1,500

ETHESDA, MD 20814		
ADASSAH40 WALL STREET	NC	JEWISH COMMUNITY

Total . .

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	HADASSAH40 WALL STREET NEW YORK, NY 10005	NC	JEWISH COMMUNITY ORGANIZATION	4

HANDTOGTAVOOGA DEAGU GT	NG	OTUED	4 000
HADASSAH40 WALL STREET NEW YORK, NY 10005	NC	JEWISH COMMUNITY ORGANIZATION	4,000

NEW YORK, NY 10005		ORGANIZATION	
HAIRTOSTAY2234 BEACH ST	NC	OTHER	1,000

HAIRTOSTAY2234 BEACH ST	NC	OTHER	1,000
SAN FRANCISCO, CA 94123			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial continuation			
a Paid during the year				
HAMEC10100 JAMISON AVE		NC	JEWISH COMMUNITY	1,000

PHILADELPHIA, PA 19116		ORGANIZATION	
HEILICHER JEWISH DAY SCHOOL 4330 CEDAR LAKE RD	NC	JEWISH COMMUNITY ORGANIZATION	:

4330 CEDAR LAKE RD MINNEAPOLIS, MN 55416		ORGANIZATION	20,000
HIAS PA2100 ARCH STREET	NC	OTHER	12.500

13.500

MINNEAPOLIS, MN 55416			
HIAS PA2100 ARCH STREET	NC	OTHER	12,500
PHILADELPHIA.PA 19103			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
ISRAEL GUIDE DOG968 EASTON RD	NC	JEWISH COMMUNITY	1,000

WARRINGTON, PA 18976		ORGANIZATION	
JCC45 HAVERFORD ROAD WYNNEWOOD, PA 19096	NC	JEWISH COMMUNITY ORGANIZATION	4,70

JCC45 HAVERFORD ROAD WYNNEWOOD, PA 19096	NC	JEWISH COMMUNITY ORGANIZATION	4,700
1CHAT274 S BRYN MAWR AVE	NC	1EWISH SOCIAL SERVICES	2 500

WHINEWOOD, FA 19090		ONGANIZATION	
JCHAI274 S BRYN MAWR AVE	NC	JEWISH SOCIAL SERVICES	2,500
BRYN MAWR, PA 19010			

JCHAI274 S BRYN MAWR AVE	NC	JEWISH SOCIAL SERVICES	2,50
BRYN MAWR, PA 19010			

CHAIZ/4 3 DKIN MAWK AVE	INC	DEMISH SOCIAL SEKVICES	2,3
BRYN MAWR, PA 19010			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

Total .

5 /			
JDC (JOINT DISTRIBUTION COMMITTEE) PO BOX 4124 NEW YORK, NY 10163	NC	JEWISH COMMUNITY ORGANIZATION	3,000

'			
JEVS HUMAN SERVICES 1845 WALNUT STREET 7TH FLOOR PHILADELPHIA, PA 19103	NC	JEWISH COMMUNITY ORGANIZATION	5,000
JEWISH COMMUNITY ACTION	NC	JEWISH COMMUNITY	1,000

	PHILADELPHIA, PA 19103		ORGANIZATION	
П	JEWISH COMMUNITY ACTION 2375 UNIVERSITY AVE STE 150 ST PAUL, MN 55114	NC	JEWISH COMMUNITY ORGANIZATION	1,000

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JEWISH COMMUNITY ACTION 2375 UNIVERSITY AVE STE 150 ST PAUL, MN 55114	NC	JEWISH COMMUNITY ORGANIZATION	1,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
JEWISH COMMUNITY RELATIONS COUNCIL (JCRC) 12 N 12TH ST SUITE 480 MINNEAPOLIS, MN 55403		NC	JEWISH COMMUNITY ORGANIZATION	5,000
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1	I	

MINNEAPOLIS, MIN 35403			
JEWISH COUNCIL ON URBAN AFFAIRS 610 S MICHIGAN AVE CHICAGO, IL 60605	NC	JEWISH SOCIAL SERVICES	2,500
JEWISH DAY SCHOOLS	NC	EDUCATION	2,000

610 S MICHIGAN AVE CHICAGO, IL 60605			
JEWISH DAY SCHOOLS 2100 ARCH STREET PHILADELPHIA, PA 19103	NC	EDUCATION	2,000

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
JEWISH FAMILY & CHILDRENSERVICES OF MINNEAPOLIS(JFCS) 13100 WAYZATA BLVD STE 400 HOPKINS, MN 55305	NC	JEWISH COMMUNITY ORGANIZATION	19,000

11011(11)5,111(33303			
JEWISH FEDERATION 2100 ARCH STREET PHILADELPHIA, PA 19103	NC	SOCIAL SERVICE	15,000
JEWISH FEDERATION OF MINNEAPOLIS	NC	JEWISH COMMUNITY	3,500

PHILADELPHIA, PA 19103			
JEWISH FEDERATION OF MINNEAPOLIS 13100 WAYZATA BLVD SUITE 200 MINNETONKA, MN 55305	NC	JEWISH COMMUNITY ORGANIZATION	3,500

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
JEWISH GENETIC DISEASES CENTER 12701 NO SCOTTSDALE RD 201 SCOTTSDALE AZ 85254	NC	MEDICAL	10,000

	JEWISH NATIONAL FUND 42 EAST 69TH STREET NEW YORK, NY 10021	NC	JEWISH CULTURAL	5,000
1	JEWICH BELIEF ACENCY	NC	JEWICH COCIAL CERVICES	2 500

NEW YORK, NY 10021			
JEWISH RELIEF AGENCY 225 E CITY AVE SUITE 103 BALA CYNWYD PA 19004	NC	JEWISH SOCIAL SERVICES	2,500

NEW YORK, NY 10021			
JEWISH RELIEF AGENCY 225 E CITY AVE SUITE 103 BALA CYNWYD, PA 19004	NC	JEWISH SOCIAL SERVICES	2,5

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
JEWISH UNITED FUND 30 S WELLS STREET CHICAGO, IL 60606	NC	JEWISH COMMUNITY ORGANIZATION	7,000

CHICAGO, IL 00000			
JR MASTERMAN HOME AND SCHOOL ASSOCIATION 1699 SPRING GARDEN STREET PHILADELPHIA, PA 19130	NC	EDUCATION	15,000
	I		

ASSOCIATION 1699 SPRING GARDEN STREET PHILADELPHIA, PA 19130			ŕ
KAISERMAN JCC - MACCABI 45 HAVERFORD ROAD WYNNEWOOD, PA 19096	NC	OTHER	3,000

PHILADELPHIA, PA 19130			
KAISERMAN JCC - MACCABI 45 HAVERFORD ROAD WYNNEWOOD, PA 19096	NC	OTHER	3,000
Total	 	▶ 3a	386,560

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

NC	JEWISH COMMUNITY ORGANIZATION	2,000
	NC NC	

MASORTI FOUNDATION NC RELIGIOUS 1,500 475 RIVERSIDE DRIVE SUITE 832	NEW YORK, NY 10115	NC	1EWISH COMMUNITY	2 500
	475 RIVERSIDE DRIVE SUITE 832	NC	RELIGIOUS	1,500

NEW YORK, NY 10115			
MAZON 10850 WILSHIRE BLVD SUITE 400 LOS ANGELES, CA 90024	NC	JEWISH COMMUNITY ORGANIZATION	2,500

386,560

11217 101111/111 20220			1
MAZON 10850 WILSHIRE BLVD SUITE 400 LOS ANGELES, CA 90024	NC	JEWISH COMMUNITY ORGANIZATION	2,50

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
MET COUNCIL ON JEWISH POVERTY 120 BROADWAY 7TH FLOOR NEW YORK, NY 102710015	NC	JEWISH RELIGIOUS ORGANIZATION	1,000
MISHKAN CHICAGO 4001 N RAVENSWOOD AVENUE	NC	CULTURAL ENRICHMENT	2,500

recipient

NEW TORK, NT 102/10013			
MISHKAN CHICAGO 4001 N RAVENSWOOD AVENUE CHICAGO, IL 60613	NC	CULTURAL ENRICHMENT	2,
MN ENVIRONMENTAL PARTNERSHIP	NC	OTHER	2

MISHKAN CH 4001 N RAVI CHICAGO, IL	ENSWOOD AVENUE	NC	CULTURAL ENRICHMENT	2,50
MN ENVIROR 546 RICE ST	NMENTAL PARTNERSHIP REET	NC	OTHER	2,90

4001 N RAVENSWOOD AVENUE CHICAGO, IL 60613			
MN ENVIRONMENTAL PARTNERSHIP	NC	OTHER	2,900

CHICAGO, IL 00013			
MN ENVIRONMENTAL PARTNERSHIP 546 RICE STREET	NC	OTHER	2,900
ST PAUL, MN 55103			

MIN ENVIRONMENTAL PARTNERSHIP	INC	OTHER	2,900
546 RICE STREET			
ST PAUL, MN 55103			

ST PAUL, MN 55103		
546 RICE STREET		i

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
MN SERVICES FOR THE BLIND 2200 UNIVERSITY AVENUE W SUITE 240	NC	EDUCATION	1,000

ST PAUL, MN 55114			
NAMI MN 1919 UNIVERSITY AVENUE W SUITE 400 ST PAUL, MN 55104	NC	OTHER	5,000

400 ST PAUL, MN 55104			
NATIONAL MUSEUM OF AMERICAN JEWISH HISTORY 101 S INDEPENDENCE MALL E PHILADELPHIA. PA 19106	NC	JEWISH CULTURAL	1,500

31 FAOL, MN 33104			
NATIONAL MUSEUM OF AMERICAN JEWISH HISTORY 101 S INDEPENDENCE MALL E PHILADELPHIA, PA 19106	NC	JEWISH CULTURAL	1,50
Total		▶ 3a	386 560

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

	or substantial contributor			
a Paid during the year				
NECHAMA4330 CEDAR LAKE RD		NC	EMERGENCY FOOD AND	3,500

MINNEAPOLIS, MN 54416		SHELTER	
NEW ISRAEL FUNDPO BOX 96712 WASHINGTON, DC 200777438	NC	JEWISH COMMUNITY ORGANIZATION	16

NEW ISRAEL FUNDPO BOX 96712 WASHINGTON, DC 200777438	NC		JEWISH COMMUNITY ORGANIZATION	16,000
NEW YORK CARES	NC	Ξ [COMMUNITY SOCIAL SERVICES	3,000

W (8) 12 (8) (1) B & 2007 77 100		01(0)(1122)(110)(
NEW YORK CARES	NC	COMMUNITY SOCIAL SERVICES	3,000
65 BROADWAY 19TH FLOOR			
NEW YORK, NY 10006			

NEW YORK CARES	NC	COMMUNITY SOCIAL SERVICES	3,000
65 BROADWAY 19TH FLOOR			·
NEW YORK, NY 10006			

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Show any relationship to any foundation manager or substantial contributor

Recipient

Foundation status of contribution

Purpose of grant or contribution

a Paid during the year

Total .

NEW YORK PUBLIC THEATER 425 LAFAYETTE STREET NEW YORK, NY 10003	NC	CULTURAL EDUCATION	500
NORTH PARK ELEMENTARY SCHOOL	NC	OTHER	2,500

NORTH PARK ELEMENTARY SCHOOL 5378 N H ST SAN BERNARDINO, CA 92407	NC	OTHER	2,500
PJ LIBRARY67 HUNT STREET SUITE 100 AGAWAM, MA 01001	NC	JEWISH CULTURAL ENRICHMENT	3,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
PLANNED PARENTHOOD 434 WEST 33RD STREET	NC	MEDICAL	3,000

NEW YORK, NY 10001			
SHALVAPOBOX 46375 CHICAGO, IL 606460375	NC	JEWISH SOCIAL SERVICES	2,500

SHALVAPOBOX 46375 CHICAGO, IL 606460375	NC	JEWISH SOCIAL SERVICES	2,500
SHARSHERET1086 TEANECK RD 2G	NC	JEWISH COMMUNITY	1,000

CHICAGO, IL 606460375			
SHARSHERET1086 TEANECK RD 2G	NC	JEWISH COMMUNITY	1,000
TEANECK, N1 07666		ORGANIZATION	·

SHARSHERET1086 TEANECK RD 2G	NC	JEWISH COMMUNITY	1,000
TEANECK, NJ 07666		ORGANIZATION	

TEANECK, NJ 07666	NC	ORGANIZATION	_,,

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

any foundation manager

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE PO BOX 5632 MONTGOMERY, AL 36104		NC	OTHER	2,000
STEP6812 WEST LAKE ST ST LOUIS PARK, MN 55426		NC	OTHER	2,000
TEMPLE BETH ZION BETH ISRAEL 300 S 18TH ST PHILADELPHIA, PA 19103		NC	JEWISH COMMUNITY ORGANIZATION	13,000
Total	386,560			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
THE BLAKE SCHOOL ANNUAL FUND 511 KENWOOD PARKWAY MINNEAPOLIS, MN 55403	NC	EDUCATION	1,000

MINNEAPOLIS, MIN 35403			
THE BLUE CARD 171 MADISON AVE SUITE1405 NEW YORK, NY 10016	NC	JEWISH CULTURAL	2,500

171 MADISON AVE SUITE1405 NEW YORK, NY 10016			
THE FLAMEPO BOX 590359	NC	ISRAELI EDUCATION	2,000

*			
HE FLAMEPO BOX 590359 AN FRANCISCO, CA 94159	NC	ISRAELI EDUCATION	2,00

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

TIMESLIPS CREATIVE STORYTELLING 4461 N LAKE DR MILWAUKEE, WI 53211	NC	EDUCATION	1,000
a Paid during the year			

MILWACKEL, WI 33211			
TIVNU7971 SE 11TH AVE PORTLAND, OR 97202	NC	JEWISH COMMUNITY ORGANIZATION	1,000
UJA- FEDERATION OF NY 130 EAST 59TH STREET	NC	JEWISH COMMUNITY ORGANIZATION	6,000

386,560

PORTLAND, OR 97202		ORGANIZATION	
UJA- FEDERATION OF NY 130 EAST 59TH STREET NEW YORK, NY 10022	NC	JEWISH COMMUNITY ORGANIZATION	6,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

recipient

386,560

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

Name and address (home or business)

a Paid during the year			
UNION OF CONCERNED SCIENTISTS 2 BRATTLE SQUARE CAMBRIDGE, MA 021383780	NC	OTHER	4,000
UNITED STATES HOLOCAUST	NC	JEWISH COMMUNITY	1,500

CAMBRIDGE, MA 021383780			
UNITED STATES HOLOCAUST 100 RAOUL WALLENBURG PL SW WASHINGTON, DC 20024	NC	JEWISH COMMUNITY ORGANIZATION	1,500
WORLD JEWISH CONGRESS	NC	JEWISH COMMUNITY	2,000

UNITED STATES HOLOCAUST 100 RAOUL WALLENBURG PL SW WASHINGTON, DC 20024	NC	JEWISH COMMUNITY ORGANIZATION 	1,5
WORLD JEWISH CONGRESS 501 MADISON AVENUE NEW YORK, NY 10022	NC	JEWISH COMMUNITY ORGANIZATION	2,00

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
AUSCHWITZ-BIRKENAU		NC	OTHER	5,000

NEW YORK, NY 10018			
BETH TORAH SYNAGOGUE 6100 W 127TH ST OVERLAND PARK II 66209	NC	JEWISH COMMUNITY ORGANIZATION	

BETH TORAH SYNAGOGUE 6100 W 127TH ST OVERLAND PARK, IL 66209	NC	JEWISH COMMUNITY ORGANIZATION	1,000
ILLINOIS HOLOCAUST MUSEUM	NC	JEWISH COMMUNITY	2,000

OVERLAND PARK, IL 66209		ORGANIZATION	
ILLINOIS HOLOCAUST MUSEUM 9603 WOODS DR SKOKIE, IL 60077	NC	JEWISH COMMUNITY ORGANIZATION	2,000

<u> </u>			
LLINOIS HOLOCAUST MUSEUM 9603 WOODS DR SKOKIE, IL 60077	NC	JEWISH COMMUNITY ORGANIZATION	2,000

386,560

9603 WOODS DR SKOKIE, IL 60077		ORGANIZATION	•
	1	I.	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
JEWISH AGENCY FOR ISRAEL NORTH 633 3RD AVE NEW YORK, NY 10017	NC	JEWISH COMMUNITY ORGANIZATION	1,000

NEW YORK, NY 10017			
JHSUM JEWISH HISTORICAL 4330 CEDAR LAKE RD	NC	JEWISH COMMUNITY ORGANIZATION	1,

LUMOS EQUINDATIONEEZ BROADWAY	NC	OTHER	500
JHSUM JEWISH HISTORICAL 4330 CEDAR LAKE RD MINNEAPOLIS, MN 55416	NC	JEWISH COMMUNITY ORGANIZATION	1,000

MINNEAPOLIS, MN 55416		ORGANIZATION	
LUMOS FOUNDATION557 BROADWAY	NC	OTHER	500

386,560

MINNEAFOLIS, MN 55410			
LUMOS FOUNDATION557 BROADWAY NEW YORK, NY 10012	NC	OTHER	50

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

Total .

DARK NICOLLET FOUNDATION	NC	OTHER	1 000
MINNESOTA PUBLIC RADIO 480 CEDAR STREET SAINT PAUL, MN 55101	NC	OTHER	300

PARK NICOLLET FOUNDATION 8170 33RD AVE S BLOOMINGTON, MN 55425	NC	OTHER	1,000
POST-POST OFFICE2828 SUNSET BLVD	NC	OTHER	12 000

BLOOMINGTON, MN 55425			
POST-POST OFFICE2828 SUNSET BLVD MINNEAPOLIS, MN 55416	NC	OTHER	12,000

386,560

▶ 3a

POST-POST OFFICE2828 SUNSET BLVD	NC	OTHER	12,00
MINNEAPOLIS, MN 55416			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
THE JEWISH BOARD135 WEST 50TH ST NEW YORK, NY 10020	NC	JEWISH COMMUNITY ORGANIZATION	200
THE NATIONAL PARK FOUNDATION	NC	OTHER	100

THE NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW WASHINGTON, DC 20005	NC	OTHER	100
WIN	NC	OTHER	200

WASHINGTON, DC 20005			
WIN ONE STATE STREET PLAZA 18TH FLOOR NEW YORK, NY 10004	NC	OTHER	200

Total .

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491125023540 TY 2019 Accounting Fees Schedule							
Name: KAPLAN FAMILY FOUNDATION EIN: 41-1794327							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

3,038

3,038

ACCOUNTING FEES

TY 2019 Investments Corporate Stock Schedule	

DLN: 93491125023540

Name: KAPLAN FAMILY FOUNDATION

ETN: 41 1704227

EIN: 41-1794327

Investments Corporation Stock Schedule

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

and continents and portation access acriculate				
Name of Stock	End of Year Book Value	End of Year Fair Market Value		
VARIOUS CORPORATE STOCK	1,766,669	8,153,154		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491125023540
TY 2019 Other Decreases School	edule	
Name:	KAPLAN FAMILY FOUNDATION	
EIN:	41-1794327	
De	escription	Amount
COST ADJUSTMENTS		75,265

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	93491125023540			
TY 2019 Other Expenses Schedule							
Name:	KAPLAN FAMILY	/ FOUNDATION					
EIN:	41-1794327						
Other Expenses Schedule							
Description	Revenue and	Net Investment	Adjusted Net	Disbursements for			

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

STATE FILING FEES

OFFICE EXPENSES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491125023540				
TY 2019 Other Professional Fees Schedule							
N	1/A DI A BI E A BATI	LV FOLIND ATTON					
Name:	KAPLAN FAMII	LY FOUNDATION					
EIN:	41-1794327						

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

28,017

28,017

MANAGEMENT FEES #UBS 09885

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349112502354					
Schedule B		Schedule of Contribut	ors	OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Attach to Form 990, 990-EZ, or 99 <u>www.irs.gov/Form990</u> for the latest		2019	
Name of the organization KAPLAN FAMILY FOUNDAT	ON		Emplo	oyer identification number	
			41-179	94327	
Organization type (chec	(one)				
Filers of:	Section:				
Form 990 or 990-EZ					
	☐ 4947(a)(1) nonex	empt charitable trust not treated	as a private foundation		
	☐ 527 political orgai	nization			
Form 990-PF	☑ 501(c)(3) exempt	private foundation			
	☐ 4947(a)(1) nonex	empt charitable trust treated as a	private foundation		
	☐ 501(c)(3) taxable	private foundation			
		Z, or 990-PF that received, during tributor Complete Parts I and II			
Special Rules					
under sections 50 received from any	9(a)(1) and 170(b)(1)(A)(vi one contributor, during the	(c)(3) filing Form 990 or 990-EZ t), that checked Schedule A (Forn year, total contributions of the g le 1 Complete Parts I and II	n 990 or 990-EZ), Part II, Iır	ne 13, 16a, or 16b, and that	
during the year, to	tal contributions of more th	(c)(7), (8), or (10) filing Form 990 an \$1,000 <i>exclusively</i> for religiou children or animals Complete Pa	ıs, charıtable, scientific, lite		
during the year, c If this box is chec purpose Don't co	ontributions exclusively for led, enter here the total coi mplete any of the parts unle	(c)(7), (8), or (10) filing Form 990 religious, charitable, etc., purpos ntributions that were received duless the General Rule applies to ag \$5,000 or more during the yea	es, but no such contributior ring the year for an <i>exclusi</i> v this organization because i	ns totaled more than \$1,000 vely religious, charitable, etc, it received <i>nonexclusively</i>	
990-EZ, or 990-PF), but i	must answer "No" on Part	eneral Rule and/or the Special R t IV, line 2, of its Form 990, or ch loesn't meet the filing requiremer	eck the box on line H of its	Form 990-EZ	
For Paperwork Reduction Action Form 990, 990-EZ, or 990-	t Notice, see the Instructions PF	Cat No 30613X	Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2019)	

Employer identification number

KAPLAN FAMILY F	OUNDATION	41-1794327	
Part I Contributors	Contributors (see instructions) Use duplicate copies of Part I if add	litional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HELEN KAPLAN FGJ NY, NY 10024	\$ 75,132	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)
(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
-		s	Person Payroll Noncash (Complete Part II for noncash contributions)
	I		/

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4	
	rganization AMILY FOUNDATION			Employer identification number	
Part III	than \$1,000 for the year from any one con	tributor. Complete c e total of exclusively instructions.) > \$	ations described olumns (a) throug religious, charita	41-1794327 in section 501(c)(7), (8), or (10) that total more gh (e) and the following line entry. For able, etc., contributions of \$1,000 or less for	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift d ZIP 4 Relationsh		(d) Description of how gift is held	
	Transferee's name, address, and			ionship 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, and	` '	nsfer of gift Relati	onship 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) Us	se of gift	(d) Description of how gift is held	
	Transferee's name, address, and		nsfer of gift Relati	ionship of transferor to transferee	
				chedule B (Form 990, 990-EZ, or 990-PF) (2019	