# 50m 990-PF

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public. OMB No 1545-0052

	· Do	epartr	nent of the Treasury Revenue Service	➤ Do not enter so ➤ Go to www.irs.						Open to Public Inspection
		_		or tax year beginning	, ,			and ending		12/31, <b>20</b> 17
			of foundation	or ray year negiming		12	-/ ± J , ZUII,	, and ending		ntification number
	•			HOUNDARION					l	
	_		RABER VOGEL		40.04			D	82-3760	
		Numb	er and street (or P O	box number if mail is not delivered	to street	address)		Room/suite	B Telephone nu	imber (see instructions)
		FOU	NDATION SOUR	CE 501 SILVERSIDE	RD				(800)	839-1754
	٦	City o	r town, state or provinc	ce, country, and ZIP or foreign pos	tal code		_			
									C If exemption appending, check i	plication is
		WIL	MINGTON, DE	19809-1377					pending, creak i	leie
	G		eck all that apply	X Initial return		Initial return	of a former p	ublic charity	<b>1</b>	
	Ŭ		ook all triat apply	Final return		Amended re	=	abile enanty		nizations, check here P
				Address change	<u> </u>	Name chang				eck here and attach
	-	- Ch			->/2>-				computation	
	Н		• •	zation X Section 501(					E If private found	ation status was terminated
	1			nonexempt chantable trust		ther taxable pr			under section 50	07(b)(1)(A), check here . 🕨 🔲
	ı	Faii	r market value o	1 —	_	method 🔀 C	ash []Acc	rual	F If the foundatio	n is in a 60-month termination
		end	l of year (from Pa	art II, coI (c), line   O	ther (s	oecify)			under section 50	07(b)(1)(B), check here . ►
		16)	▶ \$	68,470. (Part I,	column	(d) must be on ca	sh basis )		1	
		Part		venue and Expenses (The	(2)	Revenue and				(d) Disbursements
			total of amounts	in columns (b), (c), and (d)		penses per	(b) Net inve		(c) Adjusted net	for charitable purposes
(1)	;		may not necessa column (a) (see ir	rily equal the amounts in		books	incom	ie	income	(cash basis only)
1014	(-	1		its, etc., received (attach schedule)		68,400.				<del></del>
1016	•	2	ob and the lifth	e foundation is not required to		33,100.	<del></del>		<del></del>	
0 4		-	atta	ch Sch B						
		3	Interest on savings a	nd temporary cash investments.						_ <del> </del>
		4	Dividends and inte	erest from securities						
		5 a	Gross rents							
		b	Net rental income or	(loss)						
	<u>o</u>	6a	Net gain or (loss) fro	m sale of assets not on line 10						
	Ĕ	b								
	Revenue	7		come (from Part IV, line 2) .				0.		
	ď	8	• =	oital gain						
			•	•						<del></del>
		10 a	Gross sales less return	ons				<del></del>		<del></del>
			and allowances							<del></del>
		1	Less Cost of goods so							<del></del>
		C		s) (attach schedule)					<del></del>	
		11	Other income (atta	ach schedule)						
	_	12	Total. Add lines 1	through 11		68,400.		0.		
		13	Compensation of office	cers, directors, trustees, etc		0.				
	es	14		alaries and wages					<del></del>	
	S	15	• •	ployee benefits	-					
	Expense	16 a		schedule),	-		<del></del>			<del></del>
	й	" "	Accounting food	attach schedule)				<del></del>		
			Other Total	Attach Scriedule)				<del></del>		<del></del>
2018	dministrative	C C	Other professional	fees (attach schedule).		<del></del>	<del></del>	<del></del> +	<u> </u>	
20	ž	17	Interest 🚊 🗀 🥍	&Y •1  6•2018 • • ○ •			<del></del>			
<b>67</b>	Ę.	18	Taxes (allaçii scrie	dule) (see instructions):/; ].	_					
	Ē	19	Depreciation (attag	h schedule) and depletion.						
	Adg		Occupáncy . ().(							
	<del>ס</del>	21	Travel, conference	s, and meetings						
7	Ě	22		ations						
=				ttach schedule)	-					
<u>:</u>	perating	24		nd administrative expenses.						
÷	ža					0.				
Ą				gh 23				+		
SCANNED AUF	J	25		s, grants paid						<del></del>
$\infty$	_	26		ursements Add lines 24 and 25		0.			_ <del>-</del>	
		27	Subtract line 26 fro							
		а	Excess of revenue over	expenses and disbursements		68,400.				
		Ь	Net investment in	come (if negative, enter -0-)				0.		
		l c	Adjusted net incom	me (if negative enter -0-)						

JSA For Paperwork Reduction Act Notice, see instructions. 7E1410 1 000

6-22

Form 990-PF (2017)

Part II		Attached schedules and amounts in the	hed schedules and amounts in the Beginning of year		f year
j	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	l	Savings and temporary cash investments			
		Accounts receivable >			
		Less allowance for doubtful accounts ▶			
	1	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
		Grants receivable			
		Receivables due from officers, directors, trustees, and other			
	Į.				
		disqualified persons (attach schedule) (see instructions)			
ທ	4	Less allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			
155	9	Prepaid expenses and deferred charges			
٩	,	Investments - U S and state government obligations (attach schedule).		60 400	60.470
_	l	Investments - corporate stock (attach schedule)		68,400.	68,470.
	11 11	Investments - corporate bonds (attach schedule)			
	ļ	and equipment basis			
		Less accumulated depreciation (attach schedule)			
		Investments - mortgage loans			
		Investments - other (attach schedule)			
		Land, buildings, and equipment basis			
		equipment basis Less accumulated depreciation			
	15	Other assets (describe >)			
		Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)	0.	68,400.	68,470.
	17	Accounts payable and accrued expenses			
		Grants payable			
S	19	Deferred revenue			
≝		Loans from officers, directors, trustees, and other disqualified persons.			
abilities	1	Mortgages and other notes payable (attach schedule)			
		Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0.	0.1	
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26, and lines 30 and 31.			
ances		Jnrestricted			
ıla		Temporarily restricted	_		
ä	25	Permanently restricted			
밀		Foundations that do not follow SFAS 117, check here	<del>-</del>		
교		and complete lines 27 through 31.		Ì	
Ö	27	•			
Ş	20	Capital stock, trust principal, or current funds			
Se	20	Paid-in or capital surplus, or land, bidg , and equipment fund	<del></del>	68,400.	
ď	20 .	Retained earnings, accumulated income, endowment, or other funds		68,400.	
힐	34 .	Total net assets or fund balances (see instructions)	<del></del>	00,400.	
z		Fotal liabilities and net assets/fund balances (see		CO 400	
		Analysis of Changes in Not Assets of Fund Poles	0.	68,400.	
		Analysis of Changes in Net Assets or Fund Balar			
1		net assets or fund balances at beginning of year - Part I			^
_	ena-	of-year figure reported on prior year's return)			0.400
2	Ente	r amount from Part I, line 27a	• • • • • • • • • • • • • • • • • • • •	2	68,400.
3	Othe	r increases not included in line 2 (itemize) ▶			
		lines 1, 2, and 3	• • • • • • • • • • • • •		68,400
		eases not included in line 2 (itemize)	<del></del>	5	<del></del>
6	rota	net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b	), line 30 <b>6</b>	68,400

		•
$\sim$	•	- 1
· cay		•

Pa	rtⅣ Capital Gains	and Losses for Tax on Inv	estment Income	_	-	
		scribe the kind(s) of property sold (for rick warehouse, or common stock, 200		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, уг )
1 a						
<u>b</u>	·					
<u>c</u>						
<u>d</u> e				<del>                                     </del>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (los ((e) plus (f) mint	
a						
_ b						
<u>c</u>						
<u>d</u>						
e		howing gain in column (h) and owned	by the foundation on 12/31/69		0 (0-1 /h)	
		(j) Adjusted basis	(k) Excess of col (i)		Gains (Col (h) ga (k), but not less th	
	i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from col	(h))
а						
b						<del>_</del>
<u>c</u>						
d e						
	}	( If a	aın, also enter ın Part I, line 7			
2	Capital gain net income	Or (not capital loss)	oss), enter -0- in Part I, line 7	2		
3		ain or (loss) as defined in sections	1222(5) and (6)			
		Part I, line 8, column (c) See ins				
	Part I, line 8		<u></u>	3		
			duced Tax on Net Investment I e section 4940(a) tax on net invest			
Was			PAVAILABLE FOR INITIAL Dutable amount of any year in the boom on the complete this part			Yes No
1	Enter the appropriate ar	mount in each column for each ye	ar, see the instructions before mak	ng any er	itries	
	(a) Base period years	(b)	(c)		(d) Distribution ra	tio
Cale	endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by	col (c))
	2016 2015					
	2013			-		
	2013			<del> </del>		
	2012					
2 3	Average distribution rati the number of years the			3 4		
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6	<del> </del>	
7	Add lines 5 and 6			7		
8	Enter qualifying distribut If line 8 is equal to or g Part VI instructions	ions from Part XII, line 4	ι	that par	t using a 1% ta	x rate See the

Pai	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ction	<u>s)</u>
. 1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of $\mathcal{J}$ Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0.
6	Credits/Payments			
а	2017 estimated tax payments and 2016 overpayment credited to 2017   6a			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$ \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
-	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
-	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
-	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
, 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	- <del>:</del>		
Ju	DE,			1
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) of each state as required by General Instruction G? If "No," attach explanation	8b	X	5
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	7.5	- <del></del> -	<del> </del>
3	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"			
		9		$\mid_{X}$ $\checkmark$
40	complete Part XIV	-		<del>                                     </del>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. ATCH 2	40	×	
	names and addresses . ATCH . 2	10	0-PF	(0047)

Pai	rt VII-A 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		X
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		X
13		13	X	
	Website address ▶N/A			
14	The books are in care of ► FOUNDATION SOURCE  Telephone no ► 800-839-	1754	1	
	Located at ▶501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 ▶ 19809-13	77		
15			▶	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, secunties, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	ĺ		
	the foreign country			
Pai	rt 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.	<u> </u>	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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			]
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(1) the second control of the second control			
	(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)?		<u> </u>	
	(6) Agree to pay money or property to a government official? (Exception, Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			1
h	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		Ì	
-	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017? Yes X No			
	If "Yes," list the years 🕨,,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		}	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions )	2b		<b>├-</b>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_			}	1
3 <b>a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Į	at any time during the year?	ĺ		
D	of "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or		1	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2017)	3b		1
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		<b></b>	
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X

Pa	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Red	uired (continued)			
. 5a	During the year, did the foundation pay or incur any amo	ount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	on 4945(e))?	. Yes X N	o [		
	(2) Influence the outcome of any specific public ele	ection (see section	4955), or to carry or	າ,			
	directly or indirectly, any voter registration drive?			Yes X N	0		
	(3) Provide a grant to an individual for travel, study, or o				。		
	(4) Provide a grant to an organization other than a					l	
	section 4945(d)(4)(A)? See instructions	· ·					
	(5) Provide for any purpose other than religious, ch				İ		
	purposes, or for the prevention of cruelty to children				.		
ь	If any answer is "Yes" to 5a(1)-(5), did any of the				- 1		
	Regulations section 53 4945 or in a current notice regar						
	Organizations relying on a current notice regarding disas				.i  <del></del>		<b></b>
•	If the answer is "Yes" to question 5a(4), does the				'		
C	because it maintained expenditure responsibility for the		•			İ	
	,	-			•		
•	If "Yes," attach the statement required by Regulations so	• •					
6a	Did the foundation, during the year, receive any fun	•				!	
	on a personal benefit contract?				l		v
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	act,	. <u>6b</u>		X
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the foundation a pa				I .		
b							<u> </u>
Pai	Information About Officers, Director and Contractors	rs, Trustees, Fol	indation Managers	s, Hignly Paid Em	pioyees,		
1	List all officers, directors, trustees, foundation n						
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens		
		devoted to position	`enter'-0-)	and deferred compensation	other all	OWALTICE	
7 m C	u 2						0
ATC	n 3		0.	0.			0.
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on line	e 1 - see instructi	ions). If n	one,	enter
	none.	(b) Title, and average		(d) Contributions to			
(a)	Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expens	e acco	unt, es
		devoted to position		compensation			
		,					
	NONE						
			· · · · · ·				
	-			-			
	,						
Total	number of other employees paid over \$50,000.						
		<u> </u>	<u> </u>		Form 99	0-PF	(2017)

Total. Add lines 1 through 3

Form **990-PF** (2017)

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

orm	990-PF (2017)	02 0700030	Page 8
	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions)	ign foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
	Average monthly fair market value of securities	1a	68,470.
	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	68,470.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	68,470.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	1,027.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	67,443.
6	Minimum investment return. Enter 5% of line 5	6	120.
Par	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	ndations	
1	Minimum investment return from Part X, line 6	1	120.
2 a	Tax on investment income for 2017 from Part VI, line 5 2a		
	Income tax for 2017 (This does not include the tax from Part VI). 2b		
	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	120.
4	Recoveries of amounts treated as qualifying distributions	4	
	Add lines 3 and 4	5	120.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		<del></del>
•	line 1	7	120.
ar	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	
	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	<u> </u>	
	real-fine faith and the design of the faith and the faith	iculating whether the	oundation

Form **990 -PF** (2017)

Form	1 990-PF (2017)				Page 9
Pa	rt XIII Undistributed Income (see instr	uctions)			
	Distributable assessed for 2017 from Dark VI	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
'	Distributable amount for 2017 from Part XI, line 7				120.
2	Undistributed income, if any, as of the end of 2017				
	Enter amount for 2016 only.				
	Total for pnor years 20 15 ,20 14 ,20 13	<del>- i.</del>			
	Excess distributions carryover, if any, to 2017				
	From 2012				
	From 2013				
	From 2014				
	From 2015				
	From 2016				
_	Total of lines 3a through e				
	_		· · · · · · · · · · · · · · · · · · ·		<del></del>
4	Qualifying distributions for 2017 from Part XII,				
	line 4 > \$				
а	Applied to 2016, but not more than line 2a		-		<del></del>
b	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2017 distributable amount	1			
	Remaining amount distributed out of corpus				
	Excess distributions carryover applied to 2017				
•	(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:				
9	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
					<del>                                     </del>
D	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				
e	amount - see instructions	<del></del>			<del>                                     </del>
Ī	4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2017 Subtract lines				
	4d and 5 from line 1 This amount must be				120
	distributed in 2018			<del> </del>	120.
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)			<del> </del>	
8	Excess distributions carryover from 2012 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2018.	_			
	Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9				
	Excess from 2013				
	Excess from 2014				
С	Excess from 2015				
d	Excess from 2016				

e Excess from 2017 . .

Pa	rt XIV Private Op	erating Foundation	<u>s (see instructions a</u>	nd Part VII <u>-A, ques</u>	stion 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or o	tetermination letter tha	t it is a private ope	erating	
	foundation, and the ruling				▶	
b	Check box to indicate v				in section 4942	2(J)(3) or 4942(J)(5)
		Tax year	<u> </u>	Prior 3 years		
2 a	Enter the lesser of the ad-	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(e) Total
	justed net income from Part  I or the minimum investment		(5) 2010	(6) 20 10	(4) 2514	<del></del>
	return from Part X for each					/
	year listed					<del>                                     </del>
b	85% of line 2a					
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				/	
е	Qualifying distributions made					
	directly for active conduct of				/ /	
	exempt activities Subtract line 2d from line 2c				/	
3	Complete 3a, b, or c for the			<del></del>	+ 7	<del> </del>
	alternative test relied upon				/	
а	"Assets" alternative test - enter				\\ \( \)	
	(1) Value of all assets			<del></del>		
	(2) Value of assets qualifying under section			."		
	4942(j)(3)(B)(i)					
b	"Endowment" alternative test-		1	//		
	enter 2/3 of minimum invest-			<i>f</i>		
	ment return shown in Part X, line 6 for each year listed					ļ
C	"Support" alternative test - enter			1		
	(1) Total support other than			/		į
	gross investment income					1
	(interest, dividends, rents, payments on secunties					†
	loans (section 512(a)(5)),			ļ		
	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 sup-					
	port from an exempt organization					
	(4) Gross investment income.				_	
Рa	rt XV Supplemen	tary Information (	Complete this part	only if the found	ation had \$5,000	or more in assets at
		uring the year - see		•		
1	Information Regarding	Foundation Manage	rs:		•	<del>-</del>
а	List any managers of	the foundation who h	nave contributed mor	e than 2% of the to	tal contributions rece	eived by the foundation
	before the close of any	tax year (but only if th	ney have contributed in	nore than \$5,000) (\$	See section 507(d)(2)	)
	ATTACHME	NT A				
h			own 10% or more of	the stock of a cor	noration (or an equa	illy large portion of the
-	ownership of a partner					illy large portion or the
		omp or outer office, or	windir the realitation	mas a 10% of greate	, interest	
	NI / 7					
	N/A		0.0.1			
2	Information Regarding			• • •		
	Check here ► X if the	he foundation only i	makes contributions	to preselected cha	ritable organizations	and does not accept
	unsolicited requests for	or funds if the found	ation makes gifts, gra	ints, etc., to individu	als or organizations	under other conditions,
	complete items 2a, b, c					
а	The name, address, ar	nd telephone number	or email address of th	e person to whom ap	plications should be a	ddressed
b	The form in which appl	ications should be sub	omitted and information	n and materials they	y should include	
С	Any submission deadlir	nes				
d	Any restrictions or lin	mitations on awards	such as hy geogra	inhical areas charit	table fields kinds o	f institutions, or other
-	factors		, such as by geogra	ipinoai aicas, cilall	table lielus, Kilius O	i manundina, or other

Page **11** 

. Part XV Supplementary Information (c	continued)			
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
		1		
		ļ		
		ĺ		
		ŀ		
Total			▶ 3a	
b Approved for future payment	<del>.</del>			
	•			
Total			<b>▶</b> 3h	

Part XVI-A Analysis of Income-Prod			Evaluded by	4 postup 512 512 or 51	4 (e)
nter gross amounts unless otherwise indicated	(a) Business code	ted business income (b) Amount	(c)	y section 512, 513, or 51 (d) Amount	Related or exempt function income
Program service revenue	business code		Excusion code		(See instructions)
a	<u> </u>		<u> </u>		
b				,	
c					<del> </del>
d	ļ				
e	ļ		-		
f	<u> </u>	·····			
g Fees and contracts from government agencies			_		<u> </u>
Membership dues and assessments					
Interest on savings and temporary cash investments -			_		
Dividends and interest from securities					
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events · · ·					<u> </u>
Gross profit or (loss) from sales of inventory					
Other revenue a					
b					
С					
d			_		
e					
ine No. Explain below how each activit accomplishment of the foundation	ty for which on's exempt	income is reported purposes (other than	n column (e providina va r	e) of Part XVI-A contr a funds for such purpos	ibuted importantly to ses) (See instructions
Tooling in the real date				, , , , , , , , , , , , , , , , , , , ,	
		V=			
			1-		
,					
	<del></del>				
	_ <del></del>				

82-3760396 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1		e organization direct		-		_	-				Yes	No
		ction 501(c) (other	than section	1 501(c)(3)	organizations)	or in section	on 527, re	lating to	political			
•	-	zations? Ters from the reportin	a foundation t	o a nonchai	ritable evennt or	annization of						
а		sh	-		•	-				1a(1)		Х
		her assets			· · · · · · · · · · · · · · · · · · ·					1a(1)		X
b		transactions			• • • • • • • • •					14(2)		
-		les of assets to a no	ncharitable exe	empt organiz	ration					16(1)	'	Х
		rchases of assets fro								1b(2)		Х
		ntal of facilities, equi								1b(3)		X
		imbursement arrange								1b(4)		X
		ans or loan guarantee								1b(5)		X
	(6) Pe	rformance of service	s or members	hip or fundi	aising solicitation:	s				1b(6)		X
		g of facilities, equipm										X
d	If the	answer to any of th	ie above is "Y	es," comple	ete the following	schedule C	Column (b) s	should al	ways show	the t	aır m	arket
	value o	of the goods, other a	assets, or serv	vices given	by the reporting	foundation	If the found	lation red	ceived less	than 1	air m	arket
		in any transaction or										
(a) L	ine no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	- ' '	cription of trans	fers, transac	tions, and sha	ng ama	ngeme	nts
		N/A	ļ			N/A		<del>-</del>				
			<del> </del>						<del></del>			
			<del> </del>		<del></del>							
	-		<del>                                     </del>									
	+											
	+		<del>                                     </del>									
_			<del>                                     </del>					_				
		<del>-</del>						<del> </del>				
			<del></del>					_				
					•••				• .		-	
				·								
2a		foundation directly of								<del></del>	Γ <del>ν</del>	٦
<b>L</b>	describ	ped in section 501(c)	other than se	ection 501(c	)(3)) or in section	15277			L	Ye	s X	] NO
<u>u</u>	ii res	" complete the follow (a) Name of organization			) Type of organization		· · · · · · · · · · · · · · · · · · ·	(c) Descript	ion of relations	hin.		
		(4) Harris of Organization	<del>'</del>	<u>`</u>	7) Type of organization	<u>'</u>		(c) Descript	TOTA OF TELEVIORES	111P		
		· · · · · · · · · · · · · · · · · · ·	_									
_					<del></del>		-					
_												
			_									
		penalties of penury, I declar						o the best of	of my knowledg	e and b	elief, it	ıs true,
Sign		t, and complete Declaration of	preparer (other than	taxpayer) is base	d on all information of wh	ich preparer has ar	ny knowledge					
_		Call Dr	ld		5/3/18	PVP			May the RS with the pre			
lere	Sign	nature of officer or trustee		Date	•	Title			See instruction	· -	]Yes [	No
 ام:دو		Print/Type preparer's nar	me	Preparer	's signature		Date	Ch	eckıf F	NIT		
	Paid JEFFREY D HASKELL			JEFFF	REY D HASKEL	L	04/12/2018 self		f-employed	P013	<u> 4577</u>	0
reparer Firm's name FOUNDATION S				OURCE				Firm's EIN	▶51039	8347		
Jse	Only	•	E HOLLOW L	-	212							
		LAI	KE SUCCESS	NY NY		110	142	Phone no	800-8	39-17	754	
									_	aar		(0047)

### · 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

Employer identification number

THE RABER VOGEL FOUNDATION						
Organization type (check one)		82-3760396				
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation				
	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					
• •	vered by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule See				
instructions	(c), or (10) organization out officers because the constant the constant the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
General Rule						
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

Name of organization THE RABER VOGEL FOUNDATION

Employer identification number 82-3760396

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GOLDSTEIN, RACHEL  3149 BEDFORD AVENUE  BROOKLYN, NY 11210	\$\$8.400.	Person Payroli 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 Payroli 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
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE RABER VOGEL FOUNDATION

Employer identification number 82-3760396

art II Non	cash Property	(see instructions)	. Use du	plicate cor	pies 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	BEST BUY INC BBY, 1000 SH.		
		\$68,400.	12/28/2017
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<del></del>		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u></u>	
(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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE RABER VOGEL FOUNDATION

Employer identification number

82-3760396

		ions completing Part III, er e year. (Enter this informa	iter the total	Complete columns (a) through (e) and of exclusively religious, charitable, etc, ee instructions) ►\$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		ft					
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift (c) Use of gi			(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of git	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	Relation	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		t					
	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transferor to transferee				

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

BEST BUY INC

ENDING BOOK VALUE

ENDING

68,400.

68,400.

68,470.

TOTALS

68,470.

ATTACHMENT 1

NAME AND ADDRESS

GOLDSTEIN, RACHEL 3149 BEDFORD AVENUE BROOKLYN, NY 11210

HAVAS, JOSEF 3149 BEDFORD AVENUE BROOKLYN, NY 11210

ATTACHMENT 2

82-3760396

ATTACHMENT 3

) TRUSTEES	
AND	
DIRECTORS,	
OFFICERS,	
T OF C	
LIST	
၂	
VIII	
PART	
990PF,	
FORM	

THE RABER VOGEL FOUNDATION

EXPENSE ACCT AND OTHER ALLOWANCES	·	.0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	.0	0.
COMPENSATION	.0	.0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIR, SEC, TREAS, VP 1.00	DIR, PRES 1.00	GRAND TOTALS
NAME AND ADDRESS	RACHEL GOLDSTEIN FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	JOSEF HAVAS FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	

ATTACHMENT 4

# FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

JOSEF HAVAS RACHEL GOLDSTEIN