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Department of the Treasury

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 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

Open to Public Inspection

Internal Revenue Service For calendar year 2016 or tax year beginning 2016, and ending A Employer identification number Name of foundation 20~5862664 COLMAN FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) (302) 234-57507234 LANCASTER PIKE City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here. . . HOCKESSIN, DE 19707 Initial return G Check all that apply. Initial return of a former public charity D 1 Foreign organizations, check here. Final return Amended return Foreign organizations meeting the 85% test, check here and attach Address change Name change computation . H Check type of organization | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . Fair market value of all assets at J Accounting method: X Cash If the foundation is in a 60-month termination end of year (from Part II, col. (c), line Other (specify) under section 507(b)(1)(B), check here . 3,627,480. *16)* ▶ \$ (Part I, column (d) must be on cash basis ) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per income income purposes may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions) ) 365,145 Contributions, gifts, grants, etc., received (attach schedule). if the foundation is **not** required to attach Sch B. 2 Check ▶ 3 Interest on savings and temporary cash investments. 4 Dividends and interest from securities . . . . Net rental income or (loss) 20,172. Revenue Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a 20,739. Capital gain net income (from Part IV, line 2) . 8 Net short-term capital gain. . . . . . . . . . Income modifications . 10 a Gross sales less returns and allowances . . . . Less Cost of goods sold . Gross profit or (loss) (attach schedule) . . . . 56,441. 54,353. Other income (attach schedule) ATCH. 1... 75,099 441,765. Total. Add lines 1 through 11 . . . , . . . . 12 26,193. 14,208 11,985 13 Compensation of officers, directors, trustees, etc . . . RECEIVED 14 Other employee salaries and wages . . . . . Pension plans, employee benefits . . . . . . 15 16a Legal fees (attach schedule) . . . . . . . Accounting fees (attach schedule) . . . . . 17 18 17 18 OBDEN c Other professional fees (attach schedule). . . 17 5,114. Taxes (attach schedule) (see instructions)[2]. 19 Depreciation (attach schedule) and depletion. P 20 21 Travel, conferences, and meetings . . . . . P 21 Printing and publications . . . . . . . . . . 48,596. 48,257. [23 Other expenses (attach schedule) ATCH .3 . Operatir 25 Total operating and administrative expenses. 79,903. 62,465. 11,985. Add lines 13 through 23. . . . . . . . . . . 50,000. 50,000. Contributions, gifts, grants paid . . . . . . 129,903. 62,465. 61,985 26 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 311,862 a Excess of revenue over expenses and disbursements . . 12,634 b Net Investment Income (if negative, enter -0-) c Adjusted net Income (if negative, enter -0-). .

JSA For Paperwork Reduction Act Notice, see Instructions. 8E1410 1 000

Form 990-PF (2016)

Ъ	art II	Rajance Shoote	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
_	art II	————————	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ing			
- {	2	Savings and temporary	cash investments	50,970.	95,276.	95,276
l		Accounts receivable				
		Less allowance for dou	btful accounts ▶			
- (	4	Pledges receivable				
]		Less allowance for dou	btful accounts ▶			
ľ	6	Receivables due from	officers, directors, trustees, and other			
			tach schedule) (see instructions)			}
			eceivable (attach schedule)			
ı		Less allowance for dou	btful accounts ▶			
ş			e			Ţ
ssets			eferred charges			1
A			e government obligations (attach schedule).			
١			stock (attach schedule)			<u> </u>
			bonds (attach schedule)			<del> </del>
1	11	Investments - land, buildings	s. 🔊			
١		and equipment basis Less accumulated deprecia				·
		(attach schedule)	1			<del></del>
1	12 13	Investments - mortgage	loansATCH 4	2.845.217	3.112.773.	3,532,204
-	14	Land, buildings, and	. 1	2,010,22,1		I i
ĺ		equipment basis Less accumulated deprecia	ition L			
ł		(attach schedule) Other assets (describe ▶	·			<del></del>
			completed by all filers - see the			
İ			age 1, item I)	2 896 187	3 208 049	3,627,480
$\dashv$				2,030,107.	3,200,043.	3,027,400
		• •	ccrued expenses	<del></del>		1
S						1 i
Liabilities						1
≣			ors, trustees, and other disqualified persons	<del></del>		† ;
<u>e</u>			etes payable (attach schedule)	<del></del>		- !
_	22	Other habilities (describe	∍▶)	<del></del>	<del></del>	-
İ	23	Total liabilities (add line	es 17 through 22)	0.	0.	
$\dashv$			low SFAS 117, check here . ▶	<del></del>	<del>_</del>	1
Š			24 through 26 and lines 30 and 31.			
ည		· •	-			
<b>Balances</b>						┥ !
_						4
힏	26	•	not follow SFAS 117.	<del></del>		1
긥				ì		
5			plete lines 27 through 31.			
ts	27	•	cipal, or current funds			-
Se	28		r land, bldg, and equipment fund	2,896,187.	3,208,049.	-
AS	29	<del>-</del>	ulated income, endowment, or other funds	2,896,187.	3,208,049.	4 !
e	30		1 balances (see instructions)	2,090,107.	3,200,049.	4
Z			net assets/fund balances (see	2 006 107	2 200 040	
			man in Not Appete or Fryad Delay	2,896,187.	3,208,049.	L
_			nges in Net Assets or Fund Balar		ust sages with T	
1			palances at beginning of year - Part I		•	2 006 107
_			ed on pnor year's return)			2,896,187
			line 27a			311,862
						2 200 040
				• • • • • • • • • • • • •		3,208,049
		reases not included in		les 6) Death	5	3,208,049
_6	iota	<u>ii net assets or tund b</u>	alances at end of year (line 4 minus	iine <u>5) - Paπ II, column (b)</u>	), line 30   <b>6</b>	3,208,049

(c) Date acquired (mo , day, yr )

(b) How acquired P - Purchase D - Donation

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)

1 a SEE PART IV SCHEDULE

Part IV

Page 3

(d) Date sold (mo , day, yr )

<del></del>		<del></del>		
			<b> </b>	
			<u> </u>	
			ļ	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)
			1	
		<del> </del>	<u> </u>	<del></del>
Complete only for assets s	showing gain in column (h) and owner	d by the foundation on 12/31/69	(n)	Gains (Col (h) gain minus
) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any		(k), but not less than -0-) or Losses (from col (h))
				<del></del>
Capital gain net income	or (net capital loss)	gain, also enter in Part I, line 7 loss), enter -0- in Part I, line 7	2	20,739
	ain or (loss) as defined in section			
If gain, also enter in P	art I, line 8, column (c) (see in	structions). If (loss), enter -0- in $\}$		
Part I, line 8	<u> </u>	<u> </u>	3	
O 110		advocad Tay on Not Investment I	ncome	
optional use by domestic ction 4940(d)(2) applies, the foundation liable for	leave this part blank. the section 4942 tax on the distr	ne section 4940(a) tax on net invest	ment inco	,
optional use by domestic ction 4940(d)(2) applies, the foundation liable for es," the foundation does	c private foundations subject to the leave this part blank.  the section 4942 tax on the distriction to the	ne section 4940(a) tax on net invest ibutable amount of any year in the b ) Do not complete this part.	ment inco	od? Yes X
optional use by domestic ction 4940(d)(2) applies, the foundation liable for es," the foundation does	c private foundations subject to the leave this part blank.  the section 4942 tax on the district not qualify under section 4940(elemount in each column for each years)	the section 4940(a) tax on net invest in the butable amount of any year in the butable complete this part.	ment inco	od? Yes X
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optional use by domestic ction 4940(d)(2) applies, the foundation liable for es," the foundation does Enter the appropriate at (a) Base penod years ndar year (or tax year beginning in)	c private foundations subject to the leave this part blank.  the section 4942 tax on the district not qualify under section 4940(e) mount in each column for each you hadjusted qualifying distributions	the section 4940(a) tax on net invest subutable amount of any year in the big Do not complete this part.  ear; see the instructions before mak (c)  Net value of nonchantable-use assets	ment inco	od? Yes X  Intries.  (d)  Distribution ratio (col (b) divided by col (c))  0.03181
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optional use by domestic ction 4940(d)(2) applies, the foundation liable for es," the foundation does  Enter the appropriate at (a)  Base period years indar year (or tax year beginning in)  2015  2014  2013  2012  2011  Total of line 1, column (Average distribution ration number of years the foundation of the foundat	c private foundations subject to the leave this part blank.  the section 4942 tax on the district not qualify under section 4940(emount in each column for each yields).  Adjusted qualifying distributions  103,631. 187,869. 484,942. 110,266. 60,258.  d)  to for the 5-year base period - divendation has been in existence if concharitable-use assets for 2016.	butable amount of any year in the bound of Do not complete this part.  Bear; see the instructions before mak  (c)  Net value of nonchantable-use assets  3,257,520.  3,093,708.  2,778,084.  2,737,316.  1,446,980.	ase perioding any e	od? Yes X  Intries.  (d) (col (b) divided by col (c))  0.03181  0.06072  0.17456  0.04028  0.04164  0.34902
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Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- see in	struc	tions)	)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	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		2	253.
	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-) 2			
3	Add lines 1 and 2		2	253.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		2	253.
6	Credits/Payments			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 4,839.			
þ	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
_d	Backup withholding erroneously withheld		1 0	20
7	Total credits and payments Add lines 6a through 6d		4,0	39.
8	Eliterary periary for anaerpayment of estimated tax offeet files			—
9	Tax add it the total of mice of and of the total mice i, once another own a		4 5	86.
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10  Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 300. Refunded ▶ 11			86.
	t VII-A Statements Regarding Activities		-1/2	.00.
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
ıa	participate or intervene in any political campaign?	1a	103	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
_	Instructions for the definition)?	1b		Х
	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	L ]	Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation > \$(2) On foundation managers > \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	]		
	on foundation managers   \$			i
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	İ		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	_X
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	X	ļ- <del>, ,</del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
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		x	
_	conflict with the state law remain in the governing instrument?	7	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	- '-	_ ^ _	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	,		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1		
b	(or designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
-	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"	,	]	
	complete Part XIV	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			l
	names and addresses	10		х
		. 00	n.DE	(0040)

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	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	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶ N/A			
14	The books are in care of ▶ BRANDYWINE TRUST COMPANY Telephone no ▶ 302-234	-575	0	
	Located at ►7234 LANCASTER PIKE, SUITE 300-A HOCKESSIN, DE ZIP+4 ► 19707			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year	_		
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country ▶			
Par	t 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.	ļ	Yes	No
1a	During the year did the foundation (either directly or indirectly)			1
	(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			1
	disqualified person?	:		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			]
	the benefit or use of a disqualified person)? Yes X No			
	(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.)			
	termination of government out week, it terminating within our days /	]		]
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b	·	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	10		
_	Organizations relying on a current notice regarding disaster assistance check here			
·	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 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	<del>  [</del>		
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
-	6e, Part XIII) for tax year(s) beginning before 2016?			1
	If "Yes," list the years			
ь	Are there any years listed in 2a for which the foundation is <b>not</b> 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		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			Ĭ
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		Ì	
	at any time during the year?	1		
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		<u> </u>	
	foundation had excess business holdings in 2016)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			ļ
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	<u> </u>	X
	Fo	m 99	0-PF	(2016)

om s	990-PF (2016) COLMAN FAMILY	FOUNDATION		20-	5862664	Page <b>6</b>
Pai	rt VII-B Statements Regarding Activitie	s for Which Form	4720 May Be Req	uired (continued)		
5a	During the year did the foundation pay or incur any an					
	(1) Carry on propaganda, or otherwise attempt to infl	uence legislation (section	on 4945(e))?	. Yes X No	,	
	(2) Influence the outcome of any specific public e	lection (see section	4955), or to carry or	n,		
	directly or indirectly, any voter registration drive?			. Yes X No	,	
	(3) Provide a grant to an individual for travel, study, or				,	
	(4) Provide a grant to an organization other than					
	section 4945(d)(4)(A)? (see instructions)		•		,	
	(5) Provide for any purpose other than religious,					İ
	purposes, or for the prevention of cruelty to childre				,	
b	If any answer is "Yes" to 5a(1)-(5), did any of the			. — —		
	Regulations section 53 4945 or in a current notice reg					
	Organizations relying on a current notice regarding dis	_				
С	If the answer is "Yes" to question 5a(4), does the				<u>ا</u> ا	-
C	because it maintained expenditure responsibility for the				,	
					<b>'</b>	
c-	If "Yes," attach the statement required by Regulations s	, ,	costly to now promuse	200		
6a	Did the foundation, during the year, receive any f	•			.	
_	on a personal benefit contract?				6b	x
ь	If "Yes" to 6b, file Form 8870	rectly or muliectly, on a	s personal benefit contra	ict'	.   00	<del>- ' ' '</del>
7.	At any time during the tax year, was the foundation a	narty to a prohibited to	v shelter transaction?	Van XIN		
7a b	If "Yes," did the foundation receive any proceeds or h					
-	rt VIII Information About Officers, Direct					
		,		-,	<b>,</b> ,	
	and Contractors					
	and Contractors List all officers, directors, trustees, foundation	managers and thei				
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense other allo	
	List all officers, directors, trustees, foundation	(b) Title, and average	(c) Compensation	(d) Contributions to		
1	List all officers, directors, trustees, foundation (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances
1	List all officers, directors, trustees, foundation	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans		
1	List all officers, directors, trustees, foundation (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances
1	List all officers, directors, trustees, foundation (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances
1	List all officers, directors, trustees, foundation (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances
1	List all officers, directors, trustees, foundation (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances
1	List all officers, directors, trustees, foundation (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances
1	List all officers, directors, trustees, foundation  (a) Name and address  H 5  Compensation of five highest-paid employee	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  26,193.	(d) Contributions to employee benefit plans and deferred compensation  O.	other allo	0.
1 ATC	List all officers, directors, trustees, foundation  (a) Name and address  H 5	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  26,193.	(d) Contributions to employee benefit plans and deferred compensation  0.	ons). If no	0.
ATC	List all officers, directors, trustees, foundation  (a) Name and address  H 5  Compensation of five highest-paid employee	(b) Title, and average hours per week devoted to position  s (other than those to be the content of the content	(c) Compensation (If not paid, enter -0-)  26,193.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	other allo	one, enter
ATC	List all officers, directors, trustees, foundation  (a) Name and address  H 5  Compensation of five highest-paid employee "NONE."	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  26,193.	(d) Contributions to employee benefit plans and deferred compensation  0.  1 - see instructi (d) Contributions to employee benefit	ons). If no	one, enter
ATC	List all officers, directors, trustees, foundation  (a) Name and address  H 5  Compensation of five highest-paid employee "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  s (other than those to be the content of the content	(c) Compensation (If not paid, enter -0-)  26,193.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	ons). If no	one, enter
ATC	List all officers, directors, trustees, foundation  (a) Name and address  H 5  Compensation of five highest-paid employee "NONE."	(b) Title, and average hours per week devoted to position  s (other than those to be the content of the content	(c) Compensation (If not paid, enter -0-)  26,193.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	ons). If no	one, enter
ATC	List all officers, directors, trustees, foundation  (a) Name and address  H 5  Compensation of five highest-paid employee "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  s (other than those to be the content of the content	(c) Compensation (If not paid, enter -0-)  26,193.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	ons). If no	one, enter
ATC	List all officers, directors, trustees, foundation  (a) Name and address  H 5  Compensation of five highest-paid employee "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  s (other than those to be the content of the content	(c) Compensation (If not paid, enter -0-)  26,193.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	ons). If no	one, enter
ATC	List all officers, directors, trustees, foundation  (a) Name and address  H 5  Compensation of five highest-paid employee "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  s (other than those to be the content of the content	(c) Compensation (If not paid, enter -0-)  26,193.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	ons). If no	one, enter
ATC	List all officers, directors, trustees, foundation  (a) Name and address  H 5  Compensation of five highest-paid employee "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  s (other than those to be the content of the content	(c) Compensation (If not paid, enter -0-)  26,193.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	ons). If no	one, enter
ATC	List all officers, directors, trustees, foundation  (a) Name and address  H 5  Compensation of five highest-paid employee "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  s (other than those to be the content of the content	(c) Compensation (If not paid, enter -0-)  26,193.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	ons). If no	one, enter

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and Contractors (continued)	tees, Foundation Managers, Highly Paid Empl	
3 Five highest-paid independent contractors for profess	sional services (see instructions). If none, enter "NO	NE."
(a) Name and address of each person paid more than \$5	0,000 (b) Type of service	(c) Compensation
NONE		
		0
		<del></del>
		<del></del>
		<del>                                     </del>
Total number of others receiving over \$50,000 for professiona	al services	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax your organizations and other beneficianes served, conferences convened, research		Expenses
1 N/A		
	,	
2		
3		
	<del></del>	
4		
Part IX-B Summary of Program-Related Investment		
Describe the two largest program-related investments made by the foundation	n during the tax year on lines 1 and 2	Amount
1 NONE		
2		
All other program-related investments See instructions		
3 NONE		
Total. Add lines 1 through 3		<del>                                     </del>
	<u> </u>	

Part	X	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundations,	
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purpo	Oses		
а	Avera	age monthly fair market value of securities	1a	
b	Avera	age of monthly cash balances	1b	119,829.
С	Fairi	market value of all other assets (see instructions).	1c	3,532,204.
d	Total	(add lines 1a, b, and c)	1d	3,652,033.
е		ction claimed for blockage or other factors reported on lines 1a and		
	1c (a	ttach detailed explanation)		
2		sisition indebtedness applicable to line 1 assets	2	
3	Subt	ract line 2 from line 1d	3	3,652,033.
4	Cash	deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstru	uctions)	4	54,780.
5	Net v	value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,597,253.
6	Minir	num investment return. Enter 5% of line 5	6	179,863.
Par	ΙXΙ	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found certain foreign organizations check here ▶ and do not complete this part )	dations	
1	Minin	num investment return from Part X, line 6	1	179,863.
2 a		on investment income for 2016 from Part VI, line 5	<u> </u>	
2 a b		ne tax for 2016. (This does not include the tax from Part VI).		
C		lines 2a and 2b	2c	253.
3		butable amount before adjustments. Subtract line 2c from line 1	3	179,610.
4		overies of amounts treated as qualifying distributions	4	
5		lines 3 and 4	5	179,610.
6		uction from distributable amount (see instructions).	6	
7		ibutable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	_	
-			7	179,610.
Par	XII	Qualifying Distributions (see instructions)		
1	Amo	unts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		nses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	61,985.
b		ram-related investments - total from Part IX-B	1b	*
2		unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purpo	oses	2	
3	Amo	unts set aside for specific charitable projects that satisfy the:		
а	Suita	bility test (prior IRS approval required)	3a	
b		distribution test (attach the required schedule)	3b	
4		fying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	61,985.
5		dations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
		r 1% of Part I, line 27b (see instructions)	5	0.
6		sted qualifying distributions. Subtract line 5 from line 4	6	61,985.
		: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculating whether	the foundation
		qualifies for the section 4940(e) reduction of tax in those years.	=	

Ра	art XIII Undistributed Income (see instructions)								
1	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016				
•		-			179,610.				
_	line 7				<del> </del>				
	Undistributed income, if any, as of the end of 2016								
	Enter amount for 2015 only				<u> </u>				
	Total for pnor years 20 14 ,20 13 ,20 12								
	Excess distributions carryover, if any, to 2016	:							
	From 2011								
	From 2012								
	27 024								
	From 2015	241,262.							
	Total of lines 3a through e	241,202.							
4	Qualifying distributions for 2016 from Part XII,								
	line 4 ▶ \$ 61,985.								
	Applied to 2015, 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 2016 distributable amount				61,985.				
е	Remaining amount distributed out of corpus				117 505				
5	Excess distributions carryover applied to 2016.	117,625.			117,625.				
	(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:								
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	123,637.							
b	Prior years' undistributed income Subtract								
	line 4b from line 2b.	<del></del>							
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has								
	been issued, or on which the section 4942(a)								
	tax has been previously assessed	<del> </del>		·····	<del></del>				
d	Subtract line 6c from line 6b Taxable								
_	amount - see instructions	<del></del>			ļ. <b></b>				
е	Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount - see								
	instructions								
f	Undistributed income for 2016 Subtract lines		}						
	4d and 5 from line 1 This amount must be								
	distributed in 2017								
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 2011 not applied on line 5 or line 7 (see instructions)								
9	Excess distributions carryover to 2017.	100 000							
	Subtract lines 7 and 8 from line 6a	123,637.							
	Analysis of line 9								
	Excess from 2012								
	Excess from 2013 85,703.								
	Excess from 2014								
	Excess from 2015								
	Excess from 2016		<u> </u>		- 000 DE (00.00)				

Pa	rt XIV Private Op	erating Foundations	(see instructions ar	nd Part VII-A, questi	on 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter that	it is a private opera	ating	
	foundation, and the rulin	g is effective for 2016, e	nter the date of the ruling		▶	
b	Check box to indicate	whether the foundation	is a private operating f	oundation described in	section 4942(j)	(3) or 4942(j)(5)
		Tax year	<u></u>	Prior 3 years		
2 a	Enter the lesser of the ad-	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	justed net income from Part  I or the minimum investment		(3)23.0	(6) 20	(4) 2010	
	return from Part X for each					
	year listed				-	
Ь	85% of line 2a					
C	Qualifying distributions from Part			1:		
	XII, line 4 for each year listed .			•		
þ	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					
,	alternative test relied upon "Assets" alternative test - enter					
a						
	(1) Value of all assets (2) Value of assets qualifying					
	under section					
h	4942(j)(3)(B)(i)		<del></del>			
U	"Endowment" alternative test- enter 2/3 of minimum invest-			11		
	ment return shown in Part X,					
	line 6 for each year listed					
C	"Support" alternative test - enter	1				
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on secunties loans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942		1		}	
	(j)(3)(B)(iii)					
	port from an exempt					
	organization (4) Gross investment income .					
Ρa		ntary Information (	Complete this part	only if the founda	tion had \$5,000 or	more in assets at
		uring the year - see		oyo		
1	Information Regardin	<del></del>		·		<del>-</del>
	List any managers of	-		e than 2% of the tota	al contributions receiv	ed by the foundation
	before the close of any	y tax year (but only if th	ney have contributed n	nore than \$5,000). (Se	ee section 507(d)(2).)	
	NONE		•			
_ <u>_</u>	List any managers of	the foundation who	own 10% or more of	the stock of a corn	oration (or an equally	large portion of the
U	ownership of a partne			_	, , ,	large portion of the
	Owneromp or a partite	ramp or other entity) o	Willest the realieation	rias a rozo or greater		
	** /=					
<u> </u>	N/A	- Cantalbutian Cant	Olf Lana Cabalanah	in ata Danaman		
2	Information Regardin	-		• • •		
	Check here ► X If	the foundation only	makes contributions	to preselected char	itable organizations a	ind does not accept
	unsolicited requests f			ints, etc (see instruct	tions) to individuals o	r organizations under
	other conditions, com	·				
а	The name, address, a	and telephone number	or e-mail address of t	he person to whom ap	plications should be add	dressed:
b	The form in which app	dications should be sui	bmitted and information	on and materials they	should include.	
c	Any submission deadl	ines				
d	Any restrictions or I	imitations on awards	, such as by geogra	aphical areas, charita	able fields, kinds of	institutions, or other
	factors.		, , , ,	•		·

Part XV Supplementary Information 3 Grants and Contributions Paid Dur	(continued)	royad for I	Litura Baymont	
Recipient	If recipient is an individual,	Foundation		<del></del>
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	Tecipient		
a raid dailing the year		1		
ATCH 6				
		}		
		1		
		1		
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			}	
Total				50,000.
b Approved for future payment	1	1	1	1
			1	
		1		
				1
				}
		1	1	
		1		
		1		
		ļ		ļ
Yatal	<del></del>	<u> </u>	<u> </u>	
Total			▶ 3b	1

Part XVI-A Analysis of Income-Prod	lucina Act	ivitios			Page <b>1</b> 2
Part XVI-A Analysis of Income-Prod Enter gross amounts unless otherwise indicated	T	ated business income	Excluded by	y section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b)	(c) Exclusion code	(d)	Related or exempt function income (See instructions)
a					
b					
c					
d					
e	<u> </u>				<del></del>
f	<u> </u>				
g Fees and contracts from government agencies					
<ul><li>2 Membership dues and assessments</li><li>3 Interest on savings and temporary cash investments .</li></ul>			14	7.	<del></del>
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
<b>b</b> Not debt-financed property	L				
${\bf 6}$ Net rental income or (loss) from personal property			ļ		
7 Other investment income		F (7	1.0	20. 720	
8 Gain or (loss) from sales of assets other than inventory	525990	-567.	18	20,739.	
9 Net income or (loss) from special events	ļ		<del> </del>	<u> </u>	
10 Gross profit or (loss) from sales of inventory	ļ	<u> </u>			
b ATCH 7	<u> </u>	-456.		56,897.	
С					
d			1		
d					
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calc	culations)				76,620.
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calc	culations) es to the A	ccomplishment of Ex	cempt Pur	poses e) of Part XVI-A contribu	ited importantly to th
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Activitie Line No. Explain below how each activity	culations) es to the A	ccomplishment of Ex	cempt Pur	poses e) of Part XVI-A contribu	ited importantly to th
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Activitie Line No. Explain below how each activity	culations) es to the A	ccomplishment of Ex	cempt Pur	poses e) of Part XVI-A contribu	ited importantly to th
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Activitie Line No. Explain below how each activity	culations) es to the A	ccomplishment of Ex	cempt Pur	poses e) of Part XVI-A contribu	ited importantly to th
e  12 Subtotal Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calc  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity	culations) es to the A	ccomplishment of Ex	cempt Pur	poses e) of Part XVI-A contribu	ited importantly to th
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Fall	LAVII	Exempt Organ		ansters to	and Transact	ions a	na Relation	snips w	illi Non	Ciiari	table	;
1	Did the	organization direct		engage in an	v of the following	g with a	any other orga	nization c	lescribed	T	Yes	No
		ion 501(c) of the Co										
	organiz		•	•		•	·	J	•	1	} {	
	-	ers from the reporting	ng foundation to	a noncharital	ble exempt orga	nization (	of					
	(1) Cas	sh							<i></i>	1a(1)		X
		er assets								1a(2)		Х
b	Other to	ransactions									[ [	
	(1) Sale	es of assets to a no	ncharitable exe	mpt organization	on				<b>.</b>	1b(1)		_X
		chases of assets from										_X
	(3) Rer	ntal of facilities, equ	ipment, or other	assets					<b>.</b>	1b(3)		X
	(4) Rei	mbursement arrang	ements						<b>.</b>	1b(4)		X
	(5) Loa	ins or loan guarante	es						<i>.</i>	1b(5)		_X_
		formance of service										_X
	-	g of facilities, equipr										_X
d		answer to any of th										
		of the goods, other										
		n any transaction o				$\overline{}$						
(a) Li	ne no	(b) Amount involved	(c) Name of r	noncharitable exe	mpt organization	<del></del>	escription of trans	fers, transact	ions, and sha	ring arra	ingemer	nts
		N/A	<del> </del>			N/A	·					
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			<u> </u>			L						
2a		foundation directly	-							<b>—</b> ъ.,	[7	1
		ed in section 501(c		ther than sect	tion 501(c)(3)) oi	ın secti	ion 527?			Y	es X	] No
_b	It "Yes,	" complete the follo		/L) T			<del></del>	(a) Da				
		(a) Name of organization	on	(0) 1	ype of organization_			(c) Descripti	on of relation	snip		
							<del> </del>					
							<del> </del>					
							<del> </del>					
_				<del></del>			<del> </del>					
	Under	penalties of penuty I decl	are that I have exam	ined this return, inc	cluding accompanying s	schedules a	nd statements, and	to the best o	f my knowled	ge and I	pelief, it	ıs true
	correc	t, and comprete Declaration of	of preparer (other than t	axpayer) is based on	cluding accompanying s	preparer ha	as any knowledge Scott Camobe	ell i				
Sigr	י 🏻 🖊	ACCO		1 11	12/17		Senior Vice Pres	iden <b>t</b>		S discus		
ler	e Sign	nature of officer or trustee		Date		Title	Brandywine Trus	<del>! Co</del>	with the p	reparer	Yes	below No
	5.9"	5. 5 6. 1143166		54,5			Trustre	0.	(Jee misuacilo		٠ [	',,,,
_		Print/Type preparer's na	ame	Preparer's s	ignature		Date	Che	ck If	PTIN		
Paic	i	JEFFREY D HAS	KELL		Y D HASKELL		10/27/	I -	۱ ــــا ۳۰	P013	4577	0
re	parer		OUNDATION S					Firm's EIN	<b>▶</b> 5103			
	Only		NE HOLLOW L		2			1				
_	•		AKE SUCCESS	•		1	1042	Phone no	800-8	39-1	754	

## 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.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990.

OMB No 1545-0047

Employer identification number

COLMAN FAMILY FOUNDATION		20-5862664		
Organization type (check one)				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a priva	ite foundation		
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private for	oundation		
501(c)(3) taxable private foundation				
	30 (C)(3) taxable private roundation			
<del>-</del>	on filing Form 990, 990-EZ, or 990-PF that received, during the year, co y or property) from any one contributor. Complete Parts I and II. See ins contributions			
Special Rules				
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form and that received from any one contributor, during the year, total contrib of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	n 990 or 990-EZ), Part II, line outions of the greater of (1)		
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ g the year, total contributions of more than \$1,000 exclusively for religion ional purposes, or for the prevention of cruelty to children or animals.	us, charitable, scientific,		
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				
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules doesn't file ust answer "No" on Part IV, line 2, of its Form 990, or check the box or to certify that it doesn't meet the filing requirements of Schedule B (For	n line H of its Form 990-EZ or on its		

Name of organization COLMAN FAMILY FOUNDATION

Employer identification number 20-5862664

Part I	Contributors (See instructions). Use duplicate cop	pies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE JANE B. COLMAN 2008 CLAT  7234 LANCASTER PIKE SUITE 300A  HOCKESSIN, DE 19707	\$\$\$.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

		20-3662664
Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional	space is needed.

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

Schedulo B	(Form 990, 990-EZ, or 990-PF) (2016)		Pope A
	organization COLMAN FAMILY FOUNDATION		Employer identification number 20-5862664
Part III	(10) that total more than \$1,000 for the ye	ar from any one con impleting Part III, ente (Enter this information	ions described in section 501(c)(7), (8), or atributor. Complete columns (a) through (e) and are the total of exclusively religious, charitable, etc
(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, and ZIP +	4	Relationship of transferor to transferee
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP +	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP +	(e) Transfer of gift	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, and ZIP + 4 Relationship of transferor to transferee

Part I, Line 6a (990-PF) - Net Gain/(Loss) from Sales of Assets Not Included in Part IV

<b>л</b> ате	Date Acquired	Acquisition Method	Date Sold	Gross Sales Price	Book Basis	Net Gain/(Loss)
Passthrough K-1 Capital Gain/(Loss) - non UBI						\$ 20,739
Total included in Part IV:				€	٠ <del>د</del>	\$ 20,739
Passthrough K-1 Capital Gain/(Loss) - UBI						\$ (567)
Part I, Line 6a Total						\$ 20,172

# FORM 990PF, PART I - OTHER INCOME

	GLOBAL C.I.F	MULTI-STRATEGY		
	BRANDY TRUST	BRANDYTRUST	REFUND	C FEES
CRIPTION	K-I INC/LOSS	K-1 INC/LOSS	FEDERAL TAX F	REFUND OF BTC

NET	INVESTMENT INCOME	13,042. 33,155. 8,156.
REVENUE AND	EXPENSES PER BOOKS	12,831. 33,132. 2,322. 8,156.

54,353.

56,441.

TOTALS

## ATTACHMENT 2

## FORM 990PF, PART I - TAXES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS
990-PF ESTIMATED TAX FOR 2016 990-PF EXTENSION FOR 2015 990-T EXTENSION FOR 2015 2014 IRS MISCELLANEOUS FEE	2,700. 323. 2,000. 91.
TOTALS	5,114.

20-5862664

ATTACHMENT

## FORM 990PF, PART I - OTHER EXPENSES

NET INVESTMENT	INCOME 17.	17,385.	48,257.
REVENUE AND EXPENSES	PER BOOKS	17,697.	48,596.
	DESCRIPTION BANK CHARGES	K-1 EXP BRANDYTRUST GLOBAL C T K-1 EXP BRANDYTRUST MULTI-STRA	TOTALS

ATTACHMENT 4

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ENDING <u>FMV</u>	2,008,720. 1,523,484.	3,532,204.
ENDING BOOK VALUE	1,664,028. 1,448,745.	3,112,773.
DESCRIPTION	BRANDYTRUST GLOBAL CTF BRANDYTRUST MULTI-STRATEGY CTF	TOTALS

2016 FORM 990-PF COLMAN FAMILY FOUNDATION 20-5862664
FORM 990-PF - PART IV
CAPITAL CAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

C	APITAL GA	INS AND LC	ISSES FO	R IAX ON	INVESTI	VIE Pi	:NI INCOM	<u> </u>
Kınd of F	Property	INS AND LO	Des	cription		ρı	Date acquired	Date sold
Gross sale price less expenses of sale	allowed/	other	FMV as of 12/31/69	Adj basis as of 12/31/69	FMV over		or	
expenses of sale	allowable	basis	12/31/69	12/31/69	adı basıs		(loss)	
		PASSTHROUGH	K1 CAPITAI	GAIN/(LOSS)				
							20,739.	
		ļ						
TAL GAIN(L	0551						20,739.	
TIME OFFICE (B)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						=======================================	
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990-PF
FORM
2016

COLMAN FAMILY FOUNDATION

20-5862664

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	ERS, DIRECTORS, AND TRUSTEES		ATTACH	ATTACHMENT 5
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BRANDYWINE TRUST COMPANY 7234 LANCASTER PIKE HOCKESSIN, DE 19707	TRUSTEE 1.00	26,193.	°	Ċ
	GRAND TOTALS	26,193.	0.	0

20-5862664

ATTACHMENT 6

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PAID
FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE
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PART
3400E
EORM

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC	N/A	ANNUAL BOARD FUND	25,000
711 3RD AVE	PC		
NEW YORK, NY 10017			
PHILADELPHIA THEATRE COMPANY	N/A	ANNUAL BOARD FUND	25,000
215 S BROAD ST, 10TH FL	PC		
PHILADELPHIA, PA 19107			

TOTAL CONTRIBUTIONS PAID

20-5862664

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

COLMAN FAMILY FOUNDATION

FORM 390-FF, FARI AVI-A - ANALISIS OF SIDEN NEVENOE				ATTACHMENT 7	7
DESCRIPTION	BUSINESS	AMOUNT	EXCLUSION	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
K-1 INC/LOSS FEDERAL TAX REFUND REFUND OF BTC FEES	525990	-456.	14 01 01	46,419. 2,322. 8,156.	
TOTALS		-456.		56,897.	