2949102000202

Form 990-PF Department of the Treasury Internal Revenue Service

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.rs.gov/form990pf.

FOI	calei	ndar year 2016 of tax year beginning		, and ending		
Na	me o	f foundation			A Employer identification	number
1	₹.	KEITH CULLINAN FAMILY F	OUNDATION, I	NC	45-4093645	
		and street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
		N HUBBARDS LANE		•	(502)893-0	300
		town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	
		ISVILLE, KY 40207	ogiar oddo		a exemption application is p	eriding, check field
		k all that apply: Initial return	Initial return of a fo	rmer nublic charity	D 1. Foreign organizations	check here
u	Oncor	Final return	Amended return	This public charty	1. Toroign organizations	5, 0/100K 11010
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
	Chacl	k type of organization: X Section 501(c)(3) ex		01	1	
ï	_	-	Other taxable private founda		E If private foundation sta under section 507(b)(1)	(Δ) check here
_ <u></u>] [arket value of all assets at end of year J Accounti	·	Accrual		
			ther (specify)		F If the foundation is in a under section 507(b)(1)	
	- \$	1,416,888. (Part I, colu	mn (d) must be on cash b	pasis.)	1 211001 00011011 001 (15)(17)	(D); 01100K 11010
ΓP		Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
ـــــــ		Analysis of Revenue and Expenses (The total of amounts in columns b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	100,000.		N/A	,
	2	Check I if the foundation is not required to attach Sch B			\	
2,	3	Interest on savings and temporary cash investments	2.	2.	T	STATEMENT 1
<i>(</i>	4	Dividends and interest from securities	38,662.	38,662.		STATEMENT 2
4	5a	Gross rents				
	1	Net rental income or (loss)			'	
	62	Net gain or (loss) from sale of assets not on line 10	<13,899.	>		
9	b	Gross sales price for all 459, 480.			REC	FIVEN
Boyconio	7	Capital gain net income (from Part IV, line 2)		0.	m	اير
ď	8	Net short-term capital gain		· · · · · · · · · · · · · · · · · · ·	8 JAN	1 8 2019 0
	9	Income modifications		· · · · · · · · · · · · · · · · · · ·		2010
€	10a	Gross sales less returns and allowances		<u> </u>	OGE	EN LIT
2018	b	Less Cost of goods sold				
han (C	Gross profit or (loss)				
ev	11	Other income				
FEB-	12	Total. Add lines 1 through 11	124,765.	38,664.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
CHAP S	14	Other employee salaries and wages				ļ
¥,	1 !	Pension plans, employee benefits			<u></u>	
3	16a	Legal fees	450	010		
	į b	Accounting fees STMT 3	450.	213.		212.
SCAN	C	Other professional fees STMT 4	16,292.	15,810.		582.
÷.	17		347.	347.		
1	18	Taxes STMT 5				0.
	19	Depreciation and depletion	 			
5	20	Occupancy Travel, conferences, and meetings	 	·		
7	21					
20	22			,		
A shinistration and Administration	24	Total operating and administrative			 	
g	24	expenses. Add lines 13 through 23	17,089.	16,370.		794.
ć	25	•	74,250.	10,510.		74,250.
	26	Total expenses and disbursements.	7 = 7 = 3 0 0		 	7=7450•
	20	Add lines 24 and 25	91,339.	16,370.		75,044.
	27					75/044.
	1	Excess of revenue over expenses and disbursements	33,426.			
	1	Net investment income (if negative, enter -0-)		22,294.		
	1	Adjusted net income (if negative, enter -0-)			N/A	

For	m 99	0-PF (2016) R. KEITH CULLINAN FAMILY			4093645 Page 2		
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o			
	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	726.	19,721.	19,721.		
	2	Savings and temporary cash investments	21,489.	100,792.			
	3	Accounts receivable ►					
		Less: allowance for doubtful accounts					
	A	Pledges receivable ▶					
	•	Less: allowance for doubtful accounts					
		Construction of the constr					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other	į		Į		
		disqualified persons					
	7	Other notes and loans receivable]				
]	Less: allowance for doubtful accounts			<u> </u>		
23	8	Inventories for sale or use			<u>. </u>		
Assets	9	Prepaid expenses and deferred charges	- ' -				
As	10a	Investments - U.S. and state government obligations					
	1	Investments - corporate stock					
	1	I amount and a serious to be and a					
	1	Investments - Corporate Dollos					
	11			•			
	.	Less accumulated depreciation					
	1	Investments - mortgage loans	- 4 4 4 2 5 2 5	4 272 244			
		Investments - other S.TMT . 6 .	1,143,686.	1,078,814.	1,296,375.		
	14	Land, buildings, and equipment; basis			· -		
		Less accumulated depreciation					
	15	Other assets (describe					
	16	Total assets (to be completed by all filers - see the					
	ļ	instructions. Also, see page 1, item I)	1,165,901.	1,199,327.	1,416,888.		
_	17	Accounts payable and accrued expenses		,			
	ŀ	Grants payable					
"	19	Deferred revenue					
Liabilities	1	Loans from officers, directors, trustees, and other disqualified persons					
Ħ	1	1					
E:	21	Mortgages and other notes payable					
	22	Other liabilities (describe			,		
]	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	^	0			
_	23_	Total liabilities (add lines 17 through 22)	0.	0.			
	1	Foundations that follow SFAS 117, check here	j				
ຜ	Ì	and complete lines 24 through 26 and lines 30 and 31.					
õ	24	Unrestricted					
lar	25	Temporarily restricted			•		
8	26	Permanently restricted					
Pu	ł	Permanently restricted Foundations that do not follow SFAS 117, check here	1				
Net Assets or Fund Balances	1	and complete lines 27 through 31.	1				
ō	27	Capital stock, trust principal, or current funds	0.1	0.			
ets	1	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
455	29	Retained earnings, accumulated income, endowment, or other funds	1,165,901.	1,199,327.			
et/	١.	Total net assets or fund balances	1,165,901.	1,199,327.			
Z	30	Total liet assets of fund balances	1,100,001.				
		Table Makes and ask assats found belongs	1 165 001	1 100 227			
	31 Total liabilities and net assets/fund balances 1,165,901. 1,199,327.						
P	art	Analysis of Changes in Net Assets or Fund Ba	alances				
-	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30				
1		t agree with end-of-year figure reported on prior year's return)		1.1	1 165 001		
			• • • • •	1 1	1,165,901.		
		amount from Part I, line 27a	•	2	33,426.		
		increases not included in line 2 (itemize)			0.		
		ines 1, 2, and 3		4	1,199,327.		
		eases not included in line 2 (itemize)		5	0.		
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b), line 30		1,199,327.		
					Form 990-PF (2016)		

	KEITH CULLINAN F and Losses for Tax on Ir			ON,	INC	4	5-4093	645	Page 3
(a) List and descri	ribe the kind(s) of property sold (e.g rehouse; or common stock, 200 sh	,, real estate,		(b) How a P - Pui D - Do	acquired chase nation	(c) Date a (mo., da		(d) Date (mo., da	
1a SEE ATTACHED S	CHEUDLE				P			 -	
b SEE ATTACHED S					P				
c KRAFT HEINZ CO					P				
d MEDTRONICS					P				
e CAPITAL GAINS	DIVIDENDS	, .		<u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale)	
a			39,31	2.				<39,	312.
b 24,542.		ļ						24,	
c 142.		ļ							
<u>d</u> 217.		 							
e 512.		<u> </u>	10/04/00			 -			<u>512.</u>
Complete only for assets showin	g gain in column (h) and owned by	Y			()	I) Gains (C	ol. (h) gain m	าเกบร -0-) คร	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (3), if any			Losses	Distribution ratio (col. (b) divided by col. (c)) .037623 .055586 .046899 .027286 .000000 2 .167394 3 .033479		
a		ļ							
ь								24,	
С		 							
<u>d</u>									
<u>e</u>		L							<u>512.</u>
2 Capital gain net income or (net ca	pital loss) $\begin{cases} If gain, also enter \\ If (loss), enter -0 \end{cases}$			} 2				<13,	<u>899.</u> >
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,		nd (6):		1					
If (loss), enter -0- in Part I, line 8] 3			N/A		
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Invest	ment ind	come			
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	come.)				_	
If eastern 4040(d)/2) applies Jases th	ne part blank								
If section 4940(d)(2) applies, leave the	iis pait vialik.								
Was the foundation liable for the sec	tion 4942 tax on the distributable an	nount of any ye	ear in the base per	iod?			L	Yes [X No
If "Yes," the foundation does not qual									
1 Enter the appropriate amount in a		nstructions be	fore making any ei					41	
(a) Base period years	Adjusted qualifying dis	tributions	Net value of no	(C) nobaritable	-uca accate		Distribilit	ión ratio	
Calendar year (or tax year beginnii	19 11/7		Net value of fior			`	col. (b) divide		
2015		0,002.			53,229				
2014		1,169.			20,543				
2013		4,878.			30,461 38,641		· · · · · · · · · · · · · · · · · · ·		
2012		7,876.).			
2011						' • 		.00	0000
2 Total of line 1, column (d)				· ·	•	2		.16	7394
3 Average distribution ratio for the		on line 2 by 5,	or by the number	or years		_		^-	2452
the foundation has been in exister	nce if less than 5 years	٠				3		.03	3479
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5					4	1	,302,	<u>065.</u>	
5 Multiply line 4 by line 3						5		43,	592.
6 Enter 1% of net investment income (1% of Part I, line 27b)					6_			223.	
7 Add lines 5 and 6						7		43,	815.
8 Enter qualifying distributions from	n Part XII. line 4					8			044.
	line 7, check the box in Part VI, line	tb, and comp	lete that part using	g a 1% tax	rate.	L 1		<u> </u>	
623521 11-23-18				 -			For	m 990-P	F (2016)



Form 990-PF (2016) R. KEITH CULLINAN FAMILY FOUNDATION, INC 45-4093 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	3645 instrı	ıctio	Page 4 ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%		2	23.
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3 Add lines 1 and 2		2	23.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		2	23.
6 Credits/Payments:			
a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 240.			
b Exempt foreign organizations - tax withheld at source			
c Tax paid with application for extension of time to file (Form 8868)			
d Backup withholding erroneously withheld			
7 Total credits and payments. Add lines 6a through 6d		2	<u>40.</u>
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u>17.</u>
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax			0.
Part VII-A Statements Regarding Activities		134	<u> </u>
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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.			.,
c Did the foundation file Form 1120-POL for this year?	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	1		
(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation]]		
managers. > \$ 0.			v
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	4D 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	1		
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	
, but the foundation have at house 40,000 in account at any time dating the year.			
8a Enter the states to which the foundation reports or with which it is registered (see instructions)	}		
KY	1		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
of each state as required by General Instruction G? If "No," attach explanation	86	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	1		
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		<u>x</u> U
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10 rm 99 0		X

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orm 990-PF (2016) R. KEITH CULLINAN FAMILY		TNC	45-40936	45 Page 6			
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)				
5a During the year did the foundation pay or incur any amount to:			,	1 1			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		•	s X No	1 1			
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			1 1			
any voter registration drive?			s X No	1 1			
(3) Provide a grant to an individual for travel, study, or other similar purposes		. L Ye	es X No	1 1			
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			1			
4945(d)(4)(A)? (see instructions)		. L Ye	s X No	1 1			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		1	1 1			
the prevention of cruelty to children or animals?		Ye	s X No	{ }			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ier the exceptions described	n Regulations	+				
section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b							
Organizations relying on a current notice regarding disaster assistance check here							
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	om the tax because it mainta	ined	 	- }			
expenditure responsibility for the grant?	. N	I/A 🔲 Ye	s No	j }			
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).		į	1 1			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			ļ				
a personal benefit contract?		[] Ye	s X No	1 1			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		1	6b X			
If "Yes" to 6b, file Form 8870.							
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No	1			
b If "Yes," did the foundation receive any proceeds or have any net income attribu			_ _	7b			
Part VIII Information About Officers, Directors, Trust		nagers. Highly					
Paid Employees, and Contractors	,						
1 List all officers, directors, trustees, foundation managers and their	compensation.						
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other			
(a) Name and address	nours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances			
R KEITH CULLINAN	PRESIDENT						
295 N HUBBARDS LANE SUITE 203		1					
LOUISVILLE, KY 40207	2.00	0.	0.	0.			
	DIRECTOR						
295 N HUBBARDS LANE SUITE 203							
LOUISVILLE, KY 40207	2.00	0.	0.	0.			
	DIRECTOR						
295 N HUBBARDS LANE SUITE 203		}	,				
LOUISVILLE, KY 40207	2.00	0.	0.	0.			
20010410007 111 10007			<u>~</u>				
		[
		}					
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."					
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense account, other			
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances			
NONE	dovoted to position		compensation	unowances			
NONE							
							
		 					
		1					
		 	 				
	 -	 					
		[ļ				
	<u> </u>	L	<u> </u>				
Total number of other employees paid over \$50,000			<u> </u>	0			
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	е	(c) Compensation
NONE		
	<u> </u>	
		
	'	
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		
1 N/A	_	
	_	
2		
		
3		
4		
Part IX-B Summary of Program-Related Investments		-
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.
	For	m 990-PF (2016)

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

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75,044

3a

3ь

4

5

6

Suitability test (prior IRS approval required)

income. Enter 1% of Part I, line 27b

Cash distribution test (attach the required schedule)

4940(e) reduction of tax in those years.

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				64,880.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			15,388.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011			ì	
b From 2012		}		
c From 2013	,	:		
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 75,044.		'		
a Applied to 2015, but not more than line 2a			15,388.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				59,656.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:			,	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.	. 1	
d Subtract line 6c from line 6b. Taxable				·
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must			ł	
be distributed in 2017				5,224.
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)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.	1	ļ	
O Analysis of line 9:				
a Excess from 2012				
b Excess from 2013	,			
c Excess from 2014				
d Excess from 2015				
e Excess from 2016			,	
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Part XIV Private Operating	Foundations (see in	structions and Part V	/II-A, question 9)	N/A			
1 a If the foundation has received a ruling	or determination letter tha	t it is a private operating	·		_/		
foundation, and the ruling is effective	for 2016, enter the date of	the ruling	▶				
b Check box to indicate whether the four	ndation is a private operati	ng foundation described		4942(j)(3) or4	942(j)(5)		
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years				
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	/(e) Total		
investment return from Part X for			}	}			
each year listed	<u> </u>	<u> </u>			/		
b 85% of line 2a							
c Qualifying distributions from Part XII,				1	}		
line 4 for each year listed			1				
d Amounts included in line 2c not				//			
used directly for active conduct of							
exempt activities			}				
e Qualifying distributions made directly					 		
for active conduct of exempt activities							
Subtract line 2d from line 2c	•			1			
3 Complete 3a, b, or c for the		 					
alternative test relied upon:				Ì			
a "Assets" alternative test - enter:							
(1) Value of all assets		 	_/		 		
(2) Value of assets qualifying			^				
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter	•	 			 		
2/3 of minimum investment return							
shown in Part X, line 6 for each year							
listed	ļ	ļ <i></i>			 		
c "Support" alternative test - enter:							
(1) Total support other than gross							
investment income (interest,		4		}	}		
dividends, rents, payments on securities loans (section				1			
512(a)(5)), or royalties)		<u> </u>					
(2) Support from general public				7			
and 5 or more exempt				}			
organizations as provided in section 4942(j)(3)(B)(III)							
(3) Largest amount of support from							
an exempt organization				ļ			
(4) Gross investment income	/	 	- 	· 			
Part XV Supplementary Int	formation (Comple	ete this part only	if the foundation	n had \$5.000 or m	ore in assets		
at any time during			,	40,000 01 111	oro in abbeto		
							
1 Information Regarding Foundation		than OO/ of the total co		- fd-4!			
a List any managers of the foundation veget (but only if they have contributed			ntributions received by th	e roundation before the cid	ise of any tax		
	1 more man 40,000). (000	30000011 001 (4)(2).;					
NONE							
b List any managers of the foundation v			n (or an equally large port	ion of the ownership of a p	artnership or		
other entity) of which the foundation	nas a 10% of greater intere	i5t.					
NONE							
2 Information Regarding Contrib							
Check here 🕨 🗶 if the foundation							
the foundation makes gifts, grants, et	c. (see instructions) to indi	viduals or organizations	under other conditions, o	complete items 2a, b, c, an	d d.		
a The name, address, and telephone nu	imber or e-mail address of	the person to whom app	plications should be addre	essed:			
					_		
b The form in which applications should	b The form in which applications should be submitted and information and materials they should include:						
c Any submission deadlines:							
d Any restrictions or limitations on awa	rds, such as by geographic	al areas, charitable field	s, kinds of institutions, or	other factors:			
_			, - .	•			

Analysis of Income-Producing Activities Part XVI-A

nter gross amounts unless otherwise indicated.	Unrelated L	ousiness income		y section 512, 513, or 514	(e)	
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code	Amount	code	Amount	runction income	
<u>a</u>	 		 			
b	 		}			
C	1 1		 			
	1					
e	 					
g Fees and contracts from government agencies					······································	
2 Membership dues and assessments			 	· 		
3 Interest on savings and temporary cash	ļ -					
investments			14	2.		
4 Dividends and interest from securities			14	38,662.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory			18	<13,899.	• 	
9 Net income or (loss) from special events						
O Gross profit or (loss) from sales of inventory						
1 Other revenue:			}			
a	·					
b	·		├ ── <i>├</i> ─			
c	1		 			
d	·			- 		
2 Subtotal. Add columns (b), (d), and (e)	·	0.	 	24,765.	0.	
3 Total. Add line 12, columns (b), (d), and (e)			 -	13		
See worksheet in line 13 instructions to verify calculations.)		·				
Part XVI-B Relationship of Activities	to the Accon	plishment of Ex	cempt Pu	ırposes		
Line No. Explain below how each activity for which income	ome is reported in a	column (e) of Part XVI-A	contributed	importantly to the accomp	alishment of	
the foundation's exempt purposes (other than			. 00111111001100	importantly to the accomp	Monitorit of	
						
						
						
	- 					
				·····		
						
					·	
						
					·	
						
						
123621 11-23-16					Form 990-PF (2016)	

Date

alisto

Form	990	-PF	12016

P01061123

ıf

Firm's EIN ► 61-1231152

Phone no. 502-896-2451

self- employed

Paid

Preparer

Use Only

JOSEPH M BAKER

Firm's name ► RUEFF AND ASSO

Firm's address ➤ 312 MACON AVENUE

LOUISVILLE, KY 40207

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

Department of the Treasury Internal Revenue Service

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.ks.gov/form990 .

Schedule of Contributors

OMB No 1545-0047

Name of the organization

Employer identification number

R	KEITH CULLINAN FAMILY FOUNDATION, INC	45-4093645						
Organization type (check of	one).							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
,	501(c)(3) taxable private foundation							
• •	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.						
General Rule								
- ·								
-	n filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	, ,						
Special Rules								
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, ine 1. Complete Parts I and II.	or 16b, and that received from						
year, total contribu	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).								
LHA For Paperwork Red	action Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B	(Form 990, 990-EZ, or 990-PF) (2016)						

Name of organization

Employer identification number

R. KEITH CULLINAN FAMILY FOUNDATION, INC 45-4093645

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional space is needed						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	CULLINAN ASSOCIATES, INC 295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207	- \$ <u>100,000</u> .	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		_	Person Payroll Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		 \$	Person Payroll Oncash 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

R. KEITH CULLINAN FAMILY FOUNDATION, INC

45-4093645

Part II	Noncash Property (See instructions). Use duplicate copies of P	art 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
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Name of organization Employer identification number KEITH CULLINAN FAMILY FOUNDATION, INC

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this linfo once) Use duplicate copies of Part III if additional space is needed (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 (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (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 (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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

R. KEITH CULLINAN FAMILY FOUNDATION, INC 45-4093645
Supplementary Information

Part XV Supplementary Information	- (2 · · · · · ·			1
3 Grants and Contributions Paid During the Ye	ear (Continuation)		T	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
ivalite and address (notice of business)	or śubstantial contributor	recipient		
ONE TRUE ZONE		PUBLIC CHARITY	CHARITABLE	2,500
KY SPIN	_	PUBLIC CHARITY	CHARITABLE	3,000
SECOND PRESBYTERIAN CHURCH		PUBLIC CHARITY	CHARITABLE	3,000
NAVIGATORS		PUBLIC CHARITY	CHARITABLE	4,000
APPLE PATCH		PUBLIC CHARITY	CHARITABLE	5,000
CASA		PUBLIC CHARITY	CHARITABLE	5,000
DOGS HELPING HEROS		PUBLIC CHARITY	CHARITABLE	5,000
F.I.R.E.		PUBLIC CHARITY	CHARITABLE	5,000,
INSTITUTE FOR EDUCATGIONAL LEADERSHIP		PUBLIC CHARITY	CHARITABLE	5,000.
MIRACLE LEAGUE OF LOUISVILLE		PUBLIC CHARITY	CHARITABLE	5,000.
Total from continuation sheets				60 500

KEITH CULLINAN FAMILY FOUNDATION, INC 45-4093645 Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation status of recipient **Amount** Name and address (home or business) LAMPLIGHTER MINISTRIES PUBLIC CHARITY CHARITABLE 18,000.

Total from continuation sheets

FORM 990-PF INTERE	ST ON SAVIN	IGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE	REVE	(A) REVENUE PER BOOKS		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
WELLS FARGO				2.		
TOTAL TO PART I, LI		2.		2.		
FORM 990-PF	DIVIDENDS	S AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT 2
SOURCE	GROSS OURCE AMOUNT		CAPITAL GAINS RI DIVIDENDS PE		(B) NET INVES MENT INCO	
WELLS FARGO	39,174.	51	2.	38,662.	38,66	2.
TO PART I, LINE 4 39,174.		. 51	2.	38,662.	38,66	2.
FORM 990-PF		ACCOUNTI	NG FEES	 5		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		3) WEST- INCOME	(C) ADJUSTED NET INCOM	
TAX PREP FEES		450.		213.		212.
TO FORM 990-PF, PG	1, LN 16B	450.		213.		212.
FORM 990-PF	01	THER PROFES	SIONAL	FEES		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	WEST-	(C) ADJUSTED NET INCOM	
ADVISOR FEE PROFESSIONAL FEES		15,228. 1,064.		15,228. 582.	,	0. 582.
TO FORM 990-PF, PG 1, LN 16C		16,292.	1	15,810.		582.
	===		: =====	 :		== ====================================

FORM 990-PF	TAXES			STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED ET INCOM		
FOREIGN TAXES TAX & LICENSE	42. 305.	42. 305.			0	
TO FORM 990-PF, PG 1, LN 18	347.	-	347.			
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	6
DESCRIPTION		LUATION ETHOD	воок	VALUE	FAIR MARKE VALUE	T
SEE SCHEDULE II		COST	1,078,814.		1,296,375.	
TOTAL TO FORM 990-PF, PART I	I, LINE 13	-	1,0	78,814.	1,296,3	75.