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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation THE HUMMEL FAMILY FUND INC		A Employer identification number 56-2035183	
Number and street (or P O box number if mail is not delivered to street address) 1907 ROSECREST DR		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code GREENSBORO, NC 27408		B Telephone number (see instructions) (336) 288-7237	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 2,378,501		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	99	99		
	4 Dividends and interest from securities	36,190	36,190		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	690,413			
	b Gross sales price for all assets on line 6a	1,987,223			
	7 Capital gain net income (from Part IV, line 2)		690,413		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	726,702	726,702		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	730	730		
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	597			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	300	300		
	24 Total operating and administrative expenses. Add lines 13 through 23	1,627	1,030		0
	25 Contributions, gifts, grants paid	181,890			181,890
	26 Total expenses and disbursements. Add lines 24 and 25	183,517	1,030		181,890
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	543,185			
	b Net investment income (if negative, enter -0-)		725,672		
c Adjusted net income(if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	28,145	1,627,804	1,627,804
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	1,630,824	574,310	750,479
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	178	218	218	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,659,147	2,202,332	2,378,501	
Liabilities	17	Accounts payable and accrued expenses	1,639	1,639	
	18	Grants payable.			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule).			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	1,639	1,639	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	1,657,508	2,200,693	
	30	Total net assets or fund balances (see instructions)	1,657,508	2,200,693	
	31	Total liabilities and net assets/fund balances (see instructions) .	1,659,147	2,202,332	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,657,508
2	Enter amount from Part I, line 27a	2	543,185
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	2,200,693
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	2,200,693

Part IV 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)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day , yr)	(d) Date sold (mo , day , yr)
1a See Additional Data Table			
b			
c			
d			
e			

(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)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	690,413
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 { }	3	-11,024

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	129,825	2,643,927	0 049103
2014	110,888	2,587,464	0 042856
2013	59,163	2,013,294	0 029386
2012	72,900	1,502,990	0 048503
2011	46,550	1,195,484	0 038938
2 Total of line 1, column (d)			2 0 208786
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 041757
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4 2,398,313
5 Multiply line 4 by line 3			5 100,146
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 7,257
7 Add lines 5 and 6			7 107,403
8 Enter qualifying distributions from Part XII, line 4			8 181,890

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	7,257
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-)	2	
3	Add lines 1 and 2.	3	7,257
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	7,257
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	17
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	7,274
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NC _____		
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? <i>If "No," attach explanation</i> .	8b	Yes
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)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part 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 meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	Yes	
14	The books are in care of ► SAMUEL D HUMMELL Telephone no ► (336) 288-7237			

Located at **►** 1907 ROSECREST DR GREENSBORO NC ZIP+4 **►** 27408

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►	16	Yes	No

Part 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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? <input type="checkbox"/>	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 foundation had excess business holdings in 2016). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach the statement required by Regulations section 53.4945–5(d)	5b		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" to 6b, file Form 8870	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

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 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	1,514,299
b	Average of monthly cash balances.	1b	920,537
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,434,836
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	2,434,836
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	36,523
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,398,313
6	Minimum investment return. Enter 5% of line 5.	6	119,916

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	119,916
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	7,257
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	7,257
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	112,659
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	112,659
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	112,659

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	181,890
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	181,890
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	7,257
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	174,633

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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				112,659
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			29,166	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				
e From 2015.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>181,890</u>				
a Applied to 2015, but not more than line 2a			29,166	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2016 distributable amount.				112,659
e Remaining amount distributed out of corpus	40,065			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	40,065			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e 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				0
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. Subtract lines 7 and 8 from line 6a	40,065			
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				
d Excess from 2015.				
e Excess from 2016.	40,065			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that 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 organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e 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					
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. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
See Additional Data Table

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

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 awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	181,890
b <i>Approved for future payment</i>				
Total			3b	

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments. . . .					
3	Interest on savings and temporary cash investments					99
4	Dividends and interest from securities. . . .					36,190
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					690,413
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a _____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal Add columns (b), (d), and (e). .					726,702
13	Total. Add line 12, columns (b), (d), and (e).					726,702

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below
(see instr)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name ROBERT A STEWART CPA	Preparer's Signature	Date 2017-05-10	Check if self-employed <input type="checkbox"/>	PTIN P00147092
Firm's name ▶ STEWART & SATTERFIELD PA				Firm's EIN ▶ 56-0955299
Firm's address ▶ PO BOX 14893 GREENSBORO, NC 27415				Phone no (336) 299-2854

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
INTEL CORP (MLYNCH)	P	2012-12-05	2016-02-24
ORACLE CORP (MLYNCH)	P	2009-05-05	2016-09-26
INTEL CORP (MLYNCH)	P	2012-12-17	2016-02-24
ORACLE CORP (MLYNCH)	P	2009-05-05	2016-09-26
AMERICAN INTL (MLYNCH)	P	2014-08-25	2016-05-12
ORACLE CORP (MLYNCH)	P	2009-05-05	2016-09-26
APPLE INC (MLYNCH)	P	2013-01-25	2016-04-29
APPLE INC (MLYNCH)	P	2013-01-25	2016-05-12
HERBALIFE LTD (MLYNCH)	P	2012-12-24	2016-05-12
HP INC (MLYNCH)	P	2012-12-03	2016-05-12

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
184,987		130,546	54,441
19,300		9,678	9,622
71,149		51,570	19,579
3,860		1,941	1,919
111,227		112,800	-1,573
34,739		17,419	17,320
186,616		126,936	59,680
178,946		126,936	52,010
6,093		2,603	3,490
34,261		18,679	15,582

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			54,441
			9,622
			19,579
			1,919
			-1,573
			17,320
			59,680
			52,010
			3,490
			15,582

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
HP INC (MLYNCH)	P	2012-12-31	2016-05-12
INTEL CORP (MLYNCH)	P	2012-12-17	2016-05-12
LANDS END INC (MLYNCH)	P	2015-06-23	2016-05-12
HEWLETT PACKARD (MLYNCH)	P	2012-12-03	2016-09-26
HEWLETT PACKARD (MLYNCH)	P	2012-12-31	2016-09-26
INTEL CORP (MLYNCH)	P	2012-12-17	2016-09-26
INTEL CORP (MLYNCH)	P	2012-12-18	2016-09-26
INTEL CORP (MLYNCH)	P	2012-12-18	2016-09-26

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
45,682		26,583	19,099
382,951		268,164	114,787
40,059		51,083	-11,024
68,147		20,532	47,615
90,863		29,220	61,643
164,105		92,826	71,279
91,169		52,323	38,846
273,069		156,971	116,098

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			19,099
			114,787
			-11,024
			47,615
			61,643
			71,279
			38,846
			116,098

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
SAMUEL D HUMMEL	PRESIDENT 4 00	0	0	0
1907 ROSECREST DRIVE GREENSBORO, NC 27408				
ANNE D HUMMEL	SEC/TREAS 4 00	0	0	0
1907 ROSECREST DRIVE GREENSBORO, NC 27408				
HOLMES A HUMMEL	DIRECTOR 1 00	0	0	0
PO BOX 73386 WASHINGTON, DC 20056				
SAM D HUMMEL JR	DIRECTOR 1 00	0	0	0
2921 OPEN LANE HILLSBOROUGH, NC 27278				
ELIZABETH H BONITZ	DIRECTOR 1 00	0	0	0
21 FOX CHAPEL LN PITTSBORO, NC 27312				
AMELIA H HODGES	DIRECTOR 1 00	0	0	0
7 WHITE OAK RD ASHEVILLE, NC 28803				

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

SAMUEL D HUMMEL
ANNE D HUMMEL

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

Recipient	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
Name and address (home or business)				
a Paid during the year				
AAUW GREENSBORO NC AAUW GREENSBORO NC P O BOX 10754 P O BOX 10754 GREENSBORO, NC 27404	N/A	TAX EXEMPT	SUPPORT	200
ALIGHT FDTN ALIGHT FDTN 501 N ELM AVENUE 501 N ELM AVENUE GREENSBORO, NC 27403	N/A	TAX EXEMPT	SUPPORT	100
ALZHEIMERS ASSN WESTERN NC ALZHEIMERS ASSN WESTERN NC 4600 PARK RD 4600 PARK RD CHARLOTTE, NC 28209	N/A	TAX EXEMPT	SUPPORT	100
ARTS GREENSBORO ARTS GREENSBORO P O BOX 877 P O BOX 877 GREENSBORO, NC 27402	N/A	TAX EXEMPT	SUPPORT	4,000
AVON 39 WALK TO END BREAST CANCER AVON 39 WALK TO END BREAST CANCER P O BOX 742509 P O BOX 742509 CINCINNATI, OH 45274	N/A	TAX EXEMPT	SUPPORT	100
BACK PACK BEGINNINGS BACK PACK BEGINNINGS 1852 BANKING STREET 1852 BANKING STREET GREENSBORO, NC 27408	N/A	TAX EXEMPT	SUPPORT	100
BARNABAS NETWORK BARNABAS NETWORK P O BOX 2666 P O BOX 2666 GREENSBORO, NC 27402	N/A	TAX EXEMPT	SUPPORT	100
CAMPAIGN FOR SOUTHERN EQUITY CAMPAIGN FOR SOUTHERN EQUITY P O BOX 364 P O BOX 364 ASHEVILLE, NC 28802	N/A	TAX EXEMPT	SUPPORT	100
CAROLINA THEATRE CAROLINA THEATRE 310 S GREENE STREET 310 S GREENE STREET GREENSBORO, NC 27401	N/A	TAX EXEMPT	SUPPORT	900
CATALYST PROJECT CATALYST PROJECT 522 VALENCIA ST 522 VALENCIA ST SAN FRANCISCO, CA 94110	N/A	TAX EXEMPT	SUPPORT	1,000
CEINW CEINW P O BOX 41108 P O BOX 41108 GREENSBORO, NC 27404	N/A	TAX EXEMPT	SUPPORT	350
CHILDREN'S HOME SOCIETY OF NC CHILDREN'S HOME SOCIETY OF NC P O BOX 14608 P O BOX 14608 GREENSBORO, NC 27415	N/A	TAX EXEMPT	SUPPORT	2,000
CLASS ACTION CLASS ACTION 30 GERMANIA 30 GERMANIA BOSTON, MA 02130	N/A	TAX EXEMPT	SUPPORT	2,000
CLEAN ENERGY WORKS CLEAN ENERGY WORKS 925 FRENCH ST 925 FRENCH ST WASHINGTON, DC 20001	N/A	TAX EXEMPT	SUPPORT	80,150
COMMON CAUSE NC COMMON CAUSE NC 907 GLENWOOD AVE 907 GLENWOOD AVE RALEIGH, NC 27605	N/A	TAX EXEMPT	SUPPORT	100
Total ► 3a				181,890

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

Recipient	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
Name and address (home or business)				
a Paid during the year				
COMMUNITY THEATRE OF GREENSBORO COMMUNITY THEATRE OF GREENSBORO 520 S ELM STREET 520 S ELM STREET GREENSBORO, NC 27401	N/A	TAX EXEMPT	SUPPORT	100
CONE HEALTH CONE HEALTH 1200 N ELM STREET 1200 N ELM STREET GREENSBORO, NC 27499	N/A	TAX EXEMPT	SUPPORT	1,000
COURT WATCH OF NC COURT WATCH OF NC P O BOX 10971 P O BOX 10971 GREENSBORO, NC 27404	N/A	TAX EXEMPT	SUPPORT	100
CRESCENT ROTARY CLUB FOUNDATION CRESCENT ROTARY CLUB FOUNDATION P O BOX 16263 P O BOX 16263 GREENSBORO, NC 27416	N/A	TAX EXEMPT	SUPPORT	12,600
DEMOCRACY NC DEMOCRACY NC 1821 GREEN ST 1821 GREEN ST DURHAM, NC 27705	N/A	TAX EXEMPT	SUPPORT	2,000
DUKE UNIVERSITY DUKE UNIVERSITY P O BOX 90581 P O BOX 90581 DURHAM, NC 27708	N/A	TAX EXEMPT	SUPPORT	100
EARLIER ORG FOR AN EARLIER BREAST C EARLIER ORG FOR AN EARLIER BREAST CANCER TEST P O BOX 10363 P O BOX 10363 GREENSBORO, NC 27404	N/A	TAX EXEMPT	SUPPORT	500
ENVIRONMENT NC ENVIRONMENT NC 19 W HARGETT ST 19 W HARGETT ST RALEIGH, NC 27601	N/A	TAX EXEMPT	SUPPORT	100
EPISCOPAL FARMWORKER MINISTRY EPISCOPAL FARMWORKER MINISTRY P O BOX 160 P O BOX 160 NEWTON GROVE, NC 28366	N/A	TAX EXEMPT	SUPPORT	1,000
EQUALITY NC EQUALITY NC P O BOX 28768 P O BOX 28768 RALEIGH, NC 27611	N/A	TAX EXEMPT	SUPPORT	50
ESTES PTA ESTES PTA 275 OVERLOOK ROAD 275 OVERLOOK ROAD ASHEVILLE, NC 28803	N/A	TAX EXEMPT	SUPPORT	100
FAMILY SERVICE OF GREENSBORO FDTN FAMILY SERVICE OF GREENSBORO FDTN P O BOX 3631 P O BOX 3631 GREENSBORO, NC 27402	N/A	TAX EXEMPT	SUPPORT	150
FELLOWSHIP HALL FELLOWSHIP HALL 5140 DUNSTAN RD 5140 DUNSTAN RD GREENSBORO, NC 27405	N/A	TAX EXEMPT	SUPPORT	100
FIRST BAPTIST CHURCH FIRST BAPTIST CHURCH 1000 W FRIENDLY AVE 1000 W FRIENDLY AVE GREENSBORO, NC 27401	N/A	TAX EXEMPT	SUPPORT	50
FIRST PRESBYTERIAN CHURCH FIRST PRESBYTERIAN CHURCH 617 N ELM STREET 617 N ELM STREET GREENSBORO, NC 27401	N/A	TAX EXEMPT	SUPPORT	14,050
Total ► 3a				181,890

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a Paid during the year				
FRIENDS OF IRVING PARK ELEM SCHOOL FRIENDS OF IRVING PARK ELEM SCHOOL 1852 BANKING STREET 1852 BANKING STREET GREENSBORO, NC 27408	N/A	TAX EXEMPT	SUPPORT	100
FRIENDS OF KILLARNEY PARK FRIENDS OF KILLARNEY PARK POM ZAO POM ZAO ONTARIO 99999 CN	N/A	TAX EXEMPT	SUPPORT	50
GATE CITY ROTARY FDTN GATE CITY ROTARY FDTN 216 W MARKET ST 216 W MARKET ST GREENSBORO, NC 27401	N/A	TAX EXEMPT	SUPPORT	100
GIRL SCOUT TROOP 40154 GIRL SCOUT TROOP 40154 8818 W MARKET STREET 8818 W MARKET STREET COLFAX, NC 27235	N/A	TAX EXEMPT	SUPPORT	100
GREENSBORO BALLET GREENSBORO BALLET 200 N DAVIE ST 200 N DAVIE ST GREENSBORO, NC 27401	N/A	TAX EXEMPT	SUPPORT	1,000
GREENSBORO BEAUTIFUL GREENSBORO BEAUTIFUL 1001 FOURTH ST 1001 FOURTH ST GREENSBORO, NC 27405	N/A	TAX EXEMPT	SUPPORT	100
GREENSBORO CHILDREN'S MUSEUM GREENSBORO CHILDREN'S MUSEUM 220 N CHURCH ST 220 N CHURCH ST GREENSBORO, NC 27401	N/A	TAX EXEMPT	SUPPORT	100
GREENSBORO DAY SCHOOL GREENSBORO DAY SCHOOL 5401 LAWNDALE DRIVE 5401 LAWNDALE DRIVE GREENSBORO, NC 27455	N/A	TAX EXEMPT	SUPPORT	100
GREENSBORO HISTORICAL MUSEUM GREENSBORO HISTORICAL MUSEUM 130 SUMMIT AVENUE 130 SUMMIT AVENUE GREENSBORO, NC 27401	N/A	TAX EXEMPT	SUPPORT	250
GREENSBORO PUBLIC LIBRARY FDTN GREENSBORO PUBLIC LIBRARY FDTN P O BOX 3178 P O BOX 3178 GREENSBORO, NC 27402	N/A	TAX EXEMPT	SUPPORT	100
GUILFORD BATTLEGROUND CO GUILFORD BATTLEGROUND CO P O BOX 39508 P O BOX 39508 GREENSBORO, NC 27438	N/A	TAX EXEMPT	SUPPORT	100
GUILFORD EDUCATION ALLIANCE GUILFORD EDUCATION ALLIANCE 902 BONNER DR 902 BONNER DR JAMESTOWN, NC 27282	N/A	TAX EXEMPT	SUPPORT	150
GUILFORD GREEN FDTN GUILFORD GREEN FDTN P O BOX 10428 P O BOX 10428 GREENSBORO, NC 27404	N/A	TAX EXEMPT	SUPPORT	100
HABITAT FOR HUMANITY HABITAT FOR HUMANITY P O BOX 3402 617 N ELM STREET GREENSBORO, NC 27401	N/A	TAX EXEMPT	SUPPORT	200
HANDY CAPABLE NETWORK HANDY CAPABLE NETWORK 7339-H W FRIENDLY AVENUE 7339-H W FRIENDLY AVENUE GREENSBORO, NC 27410	N/A	TAX EXEMPT	SUPPORT	150
Total ▶ 3a				181,890

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

Recipient	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
Name and address (home or business)				
a Paid during the year				
HAYNES-INMAN EDUCATION CTR HAYNES-INMAN EDUCATION CTR 200 HAYNES ST 200 HAYNES ST JAMESTOWN, NC 27282	N/A	TAX EXEMPT	SUPPORT	100
HIDDEN VOICES HIDDEN VOICES 9602 ART RD 9602 ART RD CEDAR GROVE, NC 27231	N/A	TAX EXEMPT	SUPPORT	500
HOSPICE & PALLIATIVE CARE OF GREENS HOSPICE & PALLIATIVE CARE OF GREENSBORO 2500 SUMMIT AVE 2500 SUMMIT AVE GREENSBORO, NC 27405	N/A	TAX EXEMPT	SUPPORT	200
JUVENILE DIABETES RESEARCH FUND JUVENILE DIABETES RESEARCH FUND 321 S EUGENE STREET 321 S EUGENE STREET GREENSBORO, NC 27401	N/A	TAX EXEMPT	SUPPORT	4,510
MEDICAL STUDENTS FOR CHOICE MEDICAL STUDENTS FOR CHOICE P O BOX 40188 P O BOX 40188 PHILADELPHIA, PA 19106	N/A	TAX EXEMPT	SUPPORT	100
MEREDITH COLLEGE MEREDITH COLLEGE 3800 HILLSBOROUGH ST 3800 HILLSBOROUGH ST RALEIGH, NC 27007	N/A	TAX EXEMPT	SUPPORT	2,500
MULTIDISCIPLINARY ASSOC OF PSYCH MULTIDISCIPLINARY ASSOC OF PSYCH 1215 MISSON ST 1215 MISSON ST SANTA CRUZE, CA 95060	N/A	TAX EXEMPT	SUPPORT	1,000
MUSTARD SEED COMM HLTH MUSTARD SEED COMM HLTH 230 S EUGENE ST 230 S EUGENE ST GREENSBORO, NC 27401	N/A	TAX EXEMPT	SUPPORT	250
NAMINC NAMI/NC 309 W MILLBROOK RD SUIT 309 W MILLBROOK RD SUIT RALEIGH, NC 27609	N/A	TAX EXEMPT	SUPPORT	100
NATIONAL CONFERENCE FOR COMMUNITY & NATIONAL CONFERENCE FOR COMMUNITY & JUSTICE 713 N GREENE ST 713 N GREENE ST GREENSBORO, NC 27401	N/A	TAX EXEMPT	SUPPORT	230
NC A & T STATE UNIV NC A & T STATE UNIV 1601 E MARKET STREET 1601 E MARKET STREET GREENSBORO, NC 27411	N/A	TAX EXEMPT	SUPPORT	100
NO TO OVARIAN CANCER NO TO OVARIAN CANCER P O BOX 27543 P O BOX 27543 WINSSTON SALEM, NC 27114	N/A	TAX EXEMPT	SUPPORT	500
NORTH CAROLINAS AGST GUN VIOLENCE NORTH CAROLINAS AGST GUN VIOLENCE P O BOX 51565 P O BOX 51565 DURHAM, NC 27717	N/A	TAX EXEMPT	SUPPORT	100
PAUL J CEINER BOTANICAL GARDEN PAUL J CEINER BOTANICAL GARDEN 215 S MAIN ST 215 S MAIN ST KERNERSVILLE, NC 27284	N/A	TAX EXEMPT	SUPPORT	250
PERC PERC P O BOX 232 P O BOX 232 GRAND ISLE, VT 05458	N/A	TAX EXEMPT	SUPPORT	400
Total ► 3a				181,890

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
PIEDMONT LAND CONSERVANCY PIEDMONT LAND CONSERVANCY P O BOX 4025 P O BOX 4025 GREENSBORO, NC 27404	N/A	TAX EXEMPT	SUPPORT	100
PITTSBORO UMC PITTSBORO UMC 71 WEST ST 71 WEST ST PITTSBORO, NC 27312	N/A	TAX EXEMPT	SUPPORT	100
PLANNED PARENTHOOD SOUTH ATLANTIC PLANNED PARENTHOOD SOUTH ATLANTIC 1704 BATTLEGROUND AVE 1704 BATTLEGROUND AVE GREENSBORO, NC 27408	N/A	TAX EXEMPT	SUPPORT	10,000
PRESERVATION GREENSBORO INC PRESERVATION GREENSBORO INC P O BOX 13136 P O BOX 13136 GREENSBORO, NC 27415	N/A	TAX EXEMPT	SUPPORT	100
ROTARY INTERNATIONAL ROTARY INTERNATIONAL 1560 SHERMAN AVE 1560 SHERMAN AVE EVANSTON, IL 60201	N/A	TAX EXEMPT	SUPPORT	1,000
SECOND HARVEST FOOD BANK OF NW NC SECOND HARVEST FOOD BANK OF NW NC 3655 REED ST 3655 REED ST WINSTONSALEM, NC 27107	N/A	TAX EXEMPT	SUPPORT	150
SOCIETY OF THE CINCINNATI SOCIETY OF THE CINCINNATI 2118 MASSACHUSETTS AVE 2118 MASSACHUSETTS AVE WASHINGTON, DC 20008	N/A	TAX EXEMPT	SUPPORT	1,000
SPIRITHOUSE SPIRITHOUSE P O BOX 61865 P O BOX 61865 DURHAM, NC 27705	N/A	TAX EXEMPT	SUPPORT	500
STUDENT ACTION WITH FARMWORKERS STUDENT ACTION WITH FARMWORKERS 1317 PETTIGREW ST 1317 PETTIGREW ST DURHAM, NC 27705	N/A	TAX EXEMPT	SUPPORT	1,250
TOURING THEATRE OF NC TOURING THEATRE OF NC P O BOX 9733 P O BOX 9733 GREENSBORO, NC 27429	N/A	TAX EXEMPT	SUPPORT	100
TRIAD ADULT & PEDIATRIC MEDICINE TRIAD ADULT & PEDIATRIC MEDICINE 1002 S EUGENE STREET 1002 S EUGENE STREET GREENSBORO, NC 27406	N/A	TAX EXEMPT	SUPPORT	100
TRIAD HEALTH PROJECT TRIAD HEALTH PROJECT P O BOX 5716 P O BOX 5716 GREENSBORO, NC 27435	N/A	TAX EXEMPT	SUPPORT	250
TRIAD STAGE TRIAD STAGE P O BOX 3521 P O BOX 3521 GREENSBORO, NC 27402	N/A	TAX EXEMPT	SUPPORT	250
UNITED WAY OF GRTR GSO UNITED WAY OF GRTR GSO P O BOX 14998 P O BOX 14998 GREENSBORO, NC 27415	N/A	TAX EXEMPT	SUPPORT	14,750
WAKE FORST UNIVERSITY SCHOOL OF DIV WAKE FORST UNIVERSITY SCHOOL OF DIVINITY P O BOX 7227 P O BOX 7227 WINSTONSALEM, NC 27109	N/A	TAX EXEMPT	SUPPORT	1,000
Total ▶ 3a				181,890

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
WFDD-FM WFDD-FM P O BOX 8850 P O BOX 8850 WINSTONSALEM, NC 27109	N/A	TAX EXEMPT	SUPPORT	100
WILLOW OAK MONTESSORY FDTN WILLOW OAK MONTESSORY FDTN 50101 GOVERNORS DRIVE 50101 GOVERNORS DRIVE CHAPEL HILL, NC 27517	N/A	TAX EXEMPT	SUPPORT	5,000
WOMEN'S RESOURCE CENTER WOMEN'S RESOURCE CENTER 628 SUMMIT AVENUE 628 SUMMIT AVENUE GREENSBORO, NC 27405	N/A	TAX EXEMPT	SUPPORT	500
WRITERS GROUP OF THE TRIAD WRITERS GROUP OF THE TRIAD 712 SUMMIT AVE 712 SUMMIT AVE GREENSBORO, NC 27405	N/A	TAX EXEMPT	SUPPORT	250
WUNC PUBLIC RADIO WUNC PUBLIC RADIO P O BOX 8880 P O BOX 8880 CHAPEL HILL, NC 27515	N/A	TAX EXEMPT	SUPPORT	250
YMCA GREENSBORO YMCA GREENSBORO 1807 E WENDOVER AVE 1807 E WENDOVER AVE GREENSBORO, NC 27405	N/A	TAX EXEMPT	SUPPORT	8,300
Total ▶ 3a				181,890

TY 2016 Accounting Fees Schedule**Name:** THE HUMMEL FAMILY FUND INC**EIN:** 56-2035183

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	730	730		

TY 2016 Investments Corporate Stock Schedule

Name: THE HUMMEL FAMILY FUND INC

EIN: 56-2035183

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORP STOCKS/MUTUAL FUNDS (MLYNCH)	574,310	750,479

TY 2016 Other Assets Schedule

Name: THE HUMMEL FAMILY FUND INC

EIN: 56-2035183

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
PREPAID 990PF TAXES	178	178	178
PREPAID FOREIGN DIVIDEND TAX W/H		40	40

TY 2016 Other Expenses Schedule**Name:** THE HUMMEL FAMILY FUND INC**EIN:** 56-2035183**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
ML INVESTMENT FEES	300	300		

TY 2016 Taxes Schedule**Name:** THE HUMMEL FAMILY FUND INC**EIN:** 56-2035183

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2015 990 PF TAX	597			