

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF Department of the Yreasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2017
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

For c	alendar year 2016 or tax year beginning MAR	22, 2016	, and ending	DEC 31, 2016	
Nam	e of foundation	· · · · · · · · · · · · · · · · ·		A Employer identification	number
K	JLLMAN FAMILY FOUNDATION			81-2068836	
	per and street (or P O. box number if mail is not delivered to street a	ddress)		B Telephone number	
_1:	105 N. MARKET STREET		1300	302-651-83	00
	or town, state or province, country, and ZIP or foreign po LLMINGTON, DE 19801	stal code		C if exemption application is p	ending, check here
	neck all that apply:	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return		2 5	
	Address change	Name change		Foreign organizations me check here and attach co	enting the 85% test, emputation
H C	neck type of organization: X Section 501(c)(3) exc Section 4947(a)(1) nonexempt charitable trust	empt private foundation Other taxable private founda	tion	E If private foundation sta under section 507(b)(1)	
I Fai	r market value of all assets at end of year J Accounting		T []	F If the foundation is in a	•
	· —	ner (specify)		under section 507(b)(1)	
Þ			asis.)		,(e), ee
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	7,022,556.		N/A	(cash basis only)
1	2 Check If the foundation is not required to attach Sch B	7,022,3301	·-·-	247.12	-
	3 Interest on savings and temporary cash investments	3,736.	3,736.		STATEMENT 1
1	4 Dividends and interest from securities	64,060.	64,060.		STATEMENT 2
	5a Gross rents	02/0001	02,0001	. <u> </u>	DIMILIAN, Q
	b Net rental income or (loss)		• , • •	, , , , , , , , , , , , , , , , , , , ,	-,
_	6a Net gain or (loss) from sale of assets not on line 10	1,695,367.			
Revenue	b Gross sales price for all 4,596,896.		<u> </u>	RECE	VED /
Vel	7 Capital gain net income (from Part IV, line 2)	-	1,695,367.	2	1 2017
æ	8 Net short-term capital gain			<u> [출] NOV î</u>	2017
	9 Income modifications		. , .	10	K
i	10a Gross sales less returns and allowances	. (OGDE	W, UT
	b Less Cost of goods sold		,	<u> </u>	*
	c Gross profit or (loss)			 	,
	11 Other income				
	12 Total. Add lines 1 through 11	8,785,719.	1,763,163.		
	13 Compensation of officers, directors, trustees, etc	0.	0.	,	0
	14 Other employee salaries and wages				
s	15 Pension plans, employee benefits				
	16a Legal fees STMT 3	9,215.	0.		373
Expense	b Accounting fees				
Ä	c Other professional fees STMT 4	13,734.	13,734		0
Administrative Ex	17 Interest				
trat	18 Taxes				
is.	19 Depreciation and depletion				
톭	20 Occupancy				<u> </u>
Š	21 Travel, conferences, and meetings				
ä	22 Printing and publications			<u> </u>	
b.	23 Other expenses STMT 5	3,188.	0	•	3,188
rati	24 Total operating and administrative				
Operating and	expenses. Add lines 13 through 23	26,137.		•	3,561
Ŭ	25 Contributions, girts, grants paid	100,000.			100,000
	26 Total expenses and disbursements.	100.10=			100
	Add lines 24 and 25	126,137.	13,734	•	103,561
	27 Subtract line 26 from line 12:	0 650 505			
	Excess of revenue over expenses and disbursements	8,659,582			
	b Net investment income (if negative, enter -0-)		1,749,429		
_	c Adjusted net income (if negative, enter -0-)	<u> </u>	<u></u>	N/A	
623	501 11-23-16 LHA For Paperwork Reduction Act Noti	ce, see instructions.		107 78	Form 990-PF (20

2016.04030 KULLMAN FAMILY

	Part II Balance Sheets Attached schedules and amounts in the description		Beginning of year	End of	of year		
Column stromo de for eno-or-year amounts ordy		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
П	1	Cash - non-interest-bearing .					
	2	Savings and temporary cash investments		984,534.	984,534.		
	3	Accounts receivable ▶					
ı		Less: allowance for doubtful accounts					
I	4	Pledges receivable ▶					
		Less: allowance for doubtful accounts ▶					
	5	Grants receivable .					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons .					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts ▶					
ম	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
۷	10a	Investments - U.S. and state government obligations					
	þ	Investments - corporate stock STMT 6	0.	3,353,669.	5,070,501.		
	C	Investments - corporate bonds STMT 7	0.	1,228,772.	1,219,897.		
	11	Investments - land, buildings, and equipment basis		•			
		Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other STMT 8	0.	103,608.	99,527.		
	14	Land, buildings, and equipment basis	_ [
	İ	Less accumulated depreciation					
	15	Other assets (describe					
	16	Total assets (to be completed by all filers - see the					
_	<u> </u>	ınstructions. Also, see page 1, item I)	0.	5,670,583.	7,374,459.		
	17	Accounts payable and accrued expenses	ļ	·			
	18	Grants payable					
68	19	Deferred revenue			,		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
ā	21	Mortgages and other notes payable					
_	22	Other liabilities (describe)					
				0			
_	23		0.	0.			
		Foundations that follow SFAS 117, check here					
S		and complete lines 24 through 26 and lines 30 and 31.					
Š	24	Unrestricted					
3ala	25 26	Temporarily restricted		<u> </u>			
ğ	20	Permanently restricted Foundations that do not follow SFAS 117, check here					
Ę		and complete lines 27 through 31.					
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds	0.	0.			
ets	28		0.	0.			
Ass	29		0.	5,670,583.	1		
et.	30		0.	5,670,583.			
2	"			0,000			
	31	Total liabilities and net assets/fund balances	0.	5,670,583.			
		Analysis of Changes in Net Assets or Fund		<u> </u>			
=							
1		al net assets or fund balances at beginning of year - Part II, column (a), lir	ne 30	1	_		
_	-	ust agree with end-of-year figure reported on prior year's return)		1	0.		
2		er amount from Part I, line 27a		2	8,659,582.		
3		ner increases not included in line 2 (itemize)			8,659,582.		
4 5		creases not included in line 2 (itemize) APPRECIATED V	ALUE OF DOMATE	ארט פיזיט ביג (<u>4</u>			
5 6		tal net assets or fund balances at end of year (line 4 minus line 5) - Part II,		ED STOCK 5			
_	10	mi not 43503 or tuno parances at enu or year (litte 4 milius litte 3) - Part II,	Column (D), INIE 30		Form 990-PF (2016)		
					(CO10)		

	ibe the kind(s) of	property sold (e.g mon stock, 200 shs	., real estate,	IIICUIIIC	(6) F	low acc Purch - Donal	quired (c) lase tion (Date acquired no., day, yr.)	(d) Date sold (mo., day, yr.)
 1a		·			t				<u> </u>
b SEE ATTACHED	STATEME	ENT			1				
C					+				
đ					╁─				
					┼				
<u>e</u>	(0.0		() 0		┸┯			#110 · #	Ļ
(e) Gross sales price		ation allowed		or other basis			,	(h) Gain or (los	
	(01 all	owable)	plus ex	pense of sale				e) plus (f) minus	(9)
a									
b									
c									
d			T						
θ 4,596,896.			 -	2,901,52	20				1,695,367
Complete only for assets showing	l agin in column	(h) and owned by					/\\ O	-in- (O-1 (h)i	
Complete only for assets shown							(I) G	ains (Col. (h) gai), but not less th	u winus
(i) F.M.V. as of 12/31/69		sted basis 12/31/69		cess of col. (1) col. (1), if any			L	osses (from col.	(h))
a									
b			† 						
C	 		·			 			
d	 		 	 -		 			
			 			<u> </u>			1 (05)(7
<u>e</u>	<u>l. </u>		_L			<u> </u>			1,695,367
2 Capital gain net income or (net c	apital loss)	If gain, also enter -	er in Part I, line 0- in Part I, line	7 7	}	2			1,695,367
Net short-term capital gain or (lo	es) as defined in	sections 1222(5) a	and (6):						
If gain, also enter in Part I, line 8		מנננטווט וצבצנט) פ	(U).)]			
If (loss), enter -0- in Part I, line 8					•	2		N/	Δ
Part V Qualification		on 4940(a) fo	r Reduced	Tay on No	t In	/Actn	pent Inco		
(For optional use by domestic priva							1100		N/A
f section 4940(d)(2) applies, leave Was the foundation liable for the se f "Yes," the foundation does not qu	ction 4942 tax or alify under sectio	n <u>4940(e). Do not c</u>	complete this pa	ırt.					Yes N
 Enter the appropriate amount in 	each column for	each year; see the	instructions be	fore making any	entrie	S.			
(a) Base period years Calendar year (or tax year begini	ning in) Ac	(b) Ijusted qualifying d	listributions	Net value of n		;) arıtable	-use assets	Dist	(d) tribution ratio divided by col. (c))
2015	9,			 				(4.00)	
2013								 	
		 		ļ				ļ	
2013				ļ				 	
2012									
2011				<u> </u>					
2 Total of line 1, column (d)								2	
3 Average distribution ratio for th	e 5-vear hase nei	nod - divide the tota	al on line 2 by 5	or by the numb	er of v	ears.			
the foundation has been in exis			On mio 2 by 0,	, or by any mainly	J. UI)	Julid		3	
4 Enter the net value of noncharit	able-use assets f	or 2016 from Part 2	X, line 5					4	
5 Multiply line 4 by line 3							5		
6 Enter 1% of net investment income (1% of Part I, line 27b)						6			
7 Add lines 5 and 6	,	,						7	
	rom De-t VIII to-	4							
8 Enter qualifying distributions from the line 8 is equal to or greater the second	•		ine 1b, and com	nplete that part u	sing a	1% tax	c rate.	8	
See the Part VI instructions.	•	•		•	•	-			

623521 11-23-16

	To the state of th		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
•	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ WILMINGTON TRUST SP SERVICES, INC. Telephone no. ▶ 302-65	1-8	300	
	Located at ▶ 1105 N. MARKET STREET, SUITE 1300, WILMINGTON, DE ZIP+4 ▶19	801		
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	N	/ <u>A</u>	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	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			
Pi	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
1	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
	a 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?	1	1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1	1	
	for the benefit or use of a disqualified person)? - Yes X No		1.	
	(6) Agree to pay money or property to a government official? (Exception. Check *No*			į.
	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.) Yes X No			
		1	1	}
	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)? N/A	1b		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	"	+-	┼
	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?	1c	1	x
2	2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	<u>''</u>	+	+=-
	defined in section 4942(j)(3) or 4942(j)(5)):			1
	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? Yes X No			
	If "Yes," list the years		1 -	
	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	}	1	1
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	l		1
	statement - see instructions.) N/A	2b		<u> </u>
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	-		1 -	1
;	3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		
	during the year? $igspace{ \begin{tabular}{c} Yes \end{tabular} X \end{tabular}}$ No		1	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		Į	
	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	-	1	
	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) N/A	3b		-
	4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	-	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		-	v
_	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4t		X F (2016
		orm 9	5U- P	r (2016

Part VII.5 Statements Regarding Activities for Which Form 4720 May Be Required (continued) 1) Carry on prepagands, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4945(e))? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than religious, charatelis, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals? 1) It any answer is "Yes" to 55(1)-(5), did any of the transactions tall to qualify under the exceptions described in Regulations section 3445(a) 4945 or in a current notice regarding dissater assistance (seek here if the animal strate of the foundation, during the regarding dissater assistance (seek here if the animal strate in statement required by Regulations section 53.4945.5(d). 8) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a presental benefit contrac? If "Yes, a state the statement required by Regulations section 53.4945.5(d). 8) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a presental benefit contrac? If "Yes, a state the statement required by Regulations section 53.4945.5(d). 8) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a presental benefit contrac? If "Yes, a state missing the year, receive any funds, directly or indirectly, on a personal benefit contrac? If "Yes, a state missing the year, receive any proceeded on hims proceed to have any net moone attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation with the part of t	orm 990-PF (2016) KULLMAN FAMILY FOUNDATION			<u> 31-206883</u>	6 Page 6
(3) Provide a grant to an official public election (see section 4945(e))? (2) Influence the outcome of any specific public election (see section 4945(e))? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than echinquise, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (7) If Yes \(\tilde{\text{N}} \) No (8) If any aniswer is Yes in \$4(1)(4)(A)(7) (see instructions) (9) Organizations relying on a current notice regarding disaster assistance (see instructions)? (1) Vies, attach the statement required by Regulations section 53.4945-5(d). (2) If the answer is Yes to question 53(4) does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? (1) Yes, attach the statement required by Regulations section 53.4945-5(d). (2) If the foundation, during the year, resetive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (1) If Yes, if the foundation, during the year, as the foundation a party to a prohibited tax sheller transaction? (1) If Yes, if the foundation about Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly (2) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (8) Title, and average hours greated and address of each employee paid more	Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	lequired (continu	ed)	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an origanization other than a charitable, etc., organization described in section 4945(d)(4)A? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals? 1) It any answers in "Yes" to \$4(1), \$6(1), \$6(1) any of the transactions fall to quality under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance check here 2) It was served in "Yes" or questions \$4(1), \$60 test for transactions fall to quality under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance check here 2) It was served in "Yes" or questions \$4(1), \$60 test for toundation claim exemption from the tax because it maintained expenditure responsibility for the grant? 1) It "Yes" attach the statement required by Regulations section \$3.4945-5(d). 2) Both the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 2) If "Yes a "Any time during the tax year, was the foundation a party to a prohibited tax shefter transaction? 3) If "Yes a "Compensation of the foundation Compensation of the foundation called the foundation during the sax year, was the foundation and party to a prohibited tax shefter transaction? 4) If "Yes a "Compensation of the foundation of the foundation of the foundation called the foundation of th	5a During the year did the foundation pay or incur any amount to:				
any voter registration drive? (3) Provide a grant to an individual for tavel, study, or other similar purposes? (4) Provide a grant to an individual for tavel, study, or other similar purposes? (5) Provide a grant to an individual for tavel, study, or other similar purposes? (6) Provide a grant to an individual for tavel, study, or other similar purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (7) If the prevention of cruelty to children or animals? (8) It any answer is "Yes" to \$4\) to (pustion \$54(4)\) or a current notice regarding disaster assistance (see instructions)? (9) Organizations relying on a current notice regarding disaster assistance (see instructions)? (1) If "Yes" attach the statement required by Regulations section \$3.4945-5(d). (8) Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract? (1) If "Yes" to \$6\) for Form \$870. (2) At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? (a) Name and address of each employees for have any net income attributable to the transaction? (b) Title, and average hours per week devided to position. (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devided to position. (b) Title, and average hours per week devided (c) Compensation (c) Compen	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye:	s X No	ļ ļ
(3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945((4)/A)/2 (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b) If any answer is "Yes" to \$51(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)? Organizations relying on a current notice regarding disaster assistance check here c) If the answer is "Yes" to question \$34(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b) Did the foundation grant the year, was the foundation a party to a prohibited tax shelter transaction? Yes X No b) If "Yes "to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." Compensation of five highest-paid em	(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A) (See instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is Yes' to Sa(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)? Organizations relying on a current notice regarding disaster assistance check here If the answer is Yes' to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes, 'attach the statement required by Regulations section 53.4945-5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes' to Sb, file Form 8870. If Yes' to Sb, file Form 8870. If Yes' or Sh, file Form 8870. If Yes' or Sh, file Form 8870. List all officers, directors, trustees, foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (a) Name and address (b) If If Is, and average hours give week devoted to position. (b) If Is, and average hours give week devoted to position. (c) Compensation (I) Compensatio	•		·		1 1
4945(d)(4)(A)? (see instructions) (3) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? 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)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Ses" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes a law a	(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye:	s X No	
(6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? It has no bit any answers price to Sat (1/5), did any of the transactions fail to quality under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here If the answer is "set's to question 53(4) does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes To 6b, file Form 8870. Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (a) Name and address (other than those included on line 1). If none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted to position. (c) Compensation ((d) Combination (e) Expense account, other and average hours per week devoted to position. (d) Compensation ((e) Expense account, other and average hours per week devoted to position. (e) Expense account, other and average hours per week devoted to position. (a) Name and address of each employee gold more than \$50,000 (b) Title, and average hours per week devoted to position. (b) Title, and average hours personal pe	(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	_		
the prevention of cruelty to children or animals? It is any answer is Yes to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53(4)-45 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here It is answer is Yes to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes attach the statement required by Regulations section 53.4945-5(d). 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address of each employee paid more than \$50,000 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted to position. (c) Compensation (d) Compensa	4945(d)(4)(A)? (see instructions)		Ye	s X No	1 1
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)? 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 from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). If "Yes," attach the statement required by Regulations section 53.4945-5(d). If "Yes," attach the statement required by Regulations section 53.4945-5(d). If "Yes," attach the statement required by Regulations section 53.4945-5(d). If "Yes," at 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? It is all officers, directors, trustees, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position. (b) Title, and average hours per week devoted to position. (c) Compensation (c) Compen	(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fe			1 1
Section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (heek here If the answer is "Yes" to question 5a(4), lose the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A Yes No If "Yes," attach the statement required by Regulations section 53.4945-5(d). 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 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. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to postion (b) Title, and average hours per week devoted to postion of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation (d) Combination account of the highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Expense hours per week (evoted to postion)		•		s 🗶 No	1 1
Organizations relying on a current notice regarding disaster assistance check here c if the answer is "Yes" to question Sal(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes "To 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 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. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Compensation (e) Expense and Contractors 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (e) Compensation (e) Expense hours per week devoted to position (e) Compensation (e) Expense hours per week devoted to position (e) Compensation (e) Expense hours per week devoted to position (e) Compensation (e) Expense hours per week devoted to position (e) Compensation (e) Expense hours per week devoted to position (e) Compensation (e) Expense hours per week devoted to position (e) Compensation (e) Expense hours per week devoted to position (e) Compensation (e) Expense hours per week devoted to position (e) Compensation (e) Expense hours per week devoted to position (e) Compensation (e) Expense hours per week devoted to position (e) Compens	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations		1 1
c it the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		. — —	ь
expenditure responsibility for the grant? If 'Yes,' attach the statement required by Regulations section 53.4945-5(d). 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If 'Yes' to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 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. (a) Name and address (b) Trite, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Trite, and average hours per week devoted to position (c) Compensation (c) Compensation (d) Compensation					i l
## "Yes," attach the statement required by Regulations section 53.4945-5(d). 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ## "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 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. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation (c) Co		om the tax because it maintai	ned		1 1
8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 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. (a) Name and address (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week (c) Compensation (c) Co	expenditure responsibility for the grant?		[/ <u>.A</u>	8 No	
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 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. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position. (c) Compensation (If not paid, enter -0-) (d) Compensation (If not paid, enter -0-) (d) Compensation (If not paid, enter -0-) (e) Expense account, other allowances 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation	If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).			!
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 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. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted hours per hours pe	8a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		\	1
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes" did the foundation receive any proceeds or have any net income attributable to the transaction? 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. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted to position (c) Compensation (d) Combustons to expension and deterring allowances (c) Compensation (d) Combustons to expension account, other allowances (c) Compensation (d) Combustons to expension (d) Compensation (d) Combustons to expension and deterring to expension and deterring to expension of the highest-paid employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Combustons to expension account, other allowances (c) Compensation (d) Compensation (d) Combustons to expension and deterring to expension account, other and address of each employee paid more than \$50,000 (b) Title, and average to expension account, other and address of each employee paid more than \$50,000 (b) Title, and average to expension account, other and address of each employee paid more than \$50,000 (b) Title, and average to expension account, other accounts to the paid to expension to the paid to expension to expensi	a personal benefit contract?		Ye	s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 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. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted and enter -0-) and determent allowances (c) Compensation (c) Compensation (d) Continuous to employee been placed and the property of the part of the property of the pr	$oldsymbol{b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			ib X
b If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII	If "Yes" to 6b, file Form 8870.				1 1
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. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (l) find paid, enter -0-) SEE STATEMENT 10 0. 0. 0. 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (c) Compensation (c) Expense account, other allowances (c) Compensation (c) Compensation (c) Expense account, other allowances (c) Compensation (c) Compensation (c) Expense (7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	<u> </u>	
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (lf not paid, enter -0-) (more					/b
1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (In of paid, enter -0-) (e) Expense account, other allowances SEE STATEMENT 10 0 0 0 0 Compensation (In of paid, enter -0-) (c) Compensation (In of paid, enter -0-) (c) Compensation (In of paid, enter -0-) (d) Contributions to employee account, other allowances 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterned compensation allowances		ees, Foundation Ma	inagers, Highly	1	
(a) Name and address (b) Title, and average hours per week devoted to position. (c) Compensation (lf not paid, enter -0-) (lf not paid, enter -0-					
A lower and address hours per week devoted to position. (If not paid, enter -0-) add defend compensation allowances SEE STATEMENT 10 0 . 0 . 0 . 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Controlutions to employee benefit plans and deterrid compensation (e) Expense account, other allowances (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Expense (e)	1 List all officers, directors, trustees, foundation managers and their		I (a) Compensation	(d) Contributions to	4-1 Evpapes
SEE STATEMENT 10 O. O. O. Compensation O. O. O. Compensation O. O. O. O. And the reversal of the highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Tittle, and average hours per week devoted to position (c) Compensation (d) Continuous to employee benefit plans and determed account, other allowances and determed compensation allowances.	(a) Name and address	hours per week devoted	(If not paid,	employee benefit plans	account, other
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred account, othe allowances	<u> </u>	to position -	enter -0-)	compensation	allowances
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred account, othe allowances		4			I
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred account, othe allowances	СББ СМУМБИМ 10	4		0	n
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterred account, othe allowances	DBE STATEMENT IV		- 0.	-	
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterred account, other allowances		1			
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterred account, other allowances	**************************************	-	1		
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterred account, othe allowances			 		
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterred account, other allowances		-			
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterred account, othe allowances		1			
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterred account, othe allowances		 	 	 	
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterred account, other allowances		-			
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterred account, othe allowances		-			1
(a) Name and address of each employee paid more than \$50,000 Thours per week devoted to position Cc) Compensation employee penelt in plans and deterred compensation allowances	2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none	, enter "NONE."		
devoted to position and deterred compensation allowances		(b) Title, and average		(d) Contributions to	(e) Expens
	(a) Name and address of each employee paid more than \$50,000		(c) Compensation	and deterred	
	NONE			- Component	
		1		}	1
		†		 	<u> </u>
		7			
				1	
		7		1	
				<u> </u>	
Total number of other employees paid over \$50,000	Total number of other employees paid over \$50,000			•	

Total. Add lines 1 through 3

All other program-related investments. See instructions.

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	\neg	
	Average monthly fair market value of securities	1a	2,987,286.
	Average of monthly cash balances	1b	
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,987,286.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,987,286.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	44,809.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,942,477.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	114,877.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	l certair	
1	Minimum investment return from Part X, line 6	1	114,877.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	34,989.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	79,888.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	79,888.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	79,888.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		102 561
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	103,561.
	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	Surtability test (prior IRS approval required)	3a	
b		3b	400 564
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	103,561.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	i . I	•
_	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	103,561.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	_l ualifies	for the section

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				79,888.
2 Undistributed income, if any, as of the end of 2016.				
a Enter amount for 2015 only			0.	
b Total for prior years:				
·		0.		
3 Excess distributions carryover, if any, to 2016:		'		
a From 2011 b From 2012				
6 From 2013				
dFrom 2014				
eFrom 2015	Į			
f Total of lines 3a through e	0.	•	į	
4 Qualifying distributions for 2016 from				
Part XII, line 4: ▶\$ 103,561.				
a Applied to 2015, but not more than line 2a			0.	
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				79,888.
e Remaining amount distributed out of corpus	23,673.			
Excess distributions carryover applied to 2016 (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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	23,673.			
b Prior years' undistributed income. Subtract	<u> </u>			
line 4b from line 2b		0.	,	
c Enter the amount of prior years'				<u> </u>
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.	•	
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions e Undistributed income for 2015. Subtract line			•	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract			 	<u>'</u>
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				Ì
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.	22 4-2			
Subtract lines 7 and 8 from line 6a	23,673.		<u> </u>	
10 Analysis of line 9:				1
a Excess from 2012				
b Excess from 2013 c Excess from 2014	}			1
d Excess from 2015	{			
e Excess from 2016 23,673.	1			
23,013			 	- 000 PF (0010

623581 11-23-16

Form **990-PF** (2016)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

3 Grants and Contributions Paid During th	e 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	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contaibution	, 22
a Paid during the year				
DELAWARE THEATRE COMPANY 200 WATER STREET WILMINGTON, DE 19801	N/A	PUBLIC CHARITY	CAPITAL CAMPAIGN DONATION	100,000.
				200,000.
Total			▶ 3a	100,000
b Approved for future payment				
NONE				
Total			. > 3	b (

Page 12

Part XVI-A **Analysis of Income-Producing Activities**

KULLMAN FAMILY FOUNDATION

nter gross amounts unless otherwise indicated.	Unrelated	ousiness income	Excluded (C) Exclu-	by section 512, 513, or 514	(e)	
	(a) Business	(a) (b) Business Amount		(d) Amount	Related or exempt function income	
1 Program service revenue:	code		code	74304111	101100011111001110	
a	-					
b						
d						
<u> </u>						
f	-		++			
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash			$\neg \neg$			
investments	. [14	3,736.		
4 Dividends and interest from securities			14	64,060.		
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			T			
8 Gain or (loss) from sales of assets other						
than inventory			18	1,695,367.		
9 Net income or (loss) from special events						
O Gross profit or (loss) from sales of inventory						
1 Other revenue:					-	
a						
b						
C						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)			0.	1,763,163.		
13 Total. Add line 12, columns (b), (d), and (e)				13	1,763,16	

Relationship of Activities to the Accomplishment of Exempt Purposes

▼	the foundation's exempt purposes (other than by providing funds for such purposes).
	
\dashv	
\dashv	
21 11-23	Form 990-F

Pa	rt XVII			ers To a	ind Transactions a	ınd Relationsl	hips With Nonch	naritable	•	
1	Did the d			the followand	g with any other organization	un described in secti	on 501(c) of		Yes	No
•					7, relating to political organ		on 30 t(c) or		163	
а		s from the reporting founda				zauons:				
•	(1) Cas		and to a nonchariance	cacilipt org	anization or.			1a(1)		Х
	• •	er assets				-		1a(2)		X
b		nsactions:						14(2)	_	
_		s of assets to a noncharital	ble exempt organization	3				1b(1)		X
(2) Purchases of assets from a noncharitable exempt organization								1b(2)		X
		tal of facilities, equipment,						1b(3)		X
	(4) Reir	nbursement arrangements						1b(4)		X
		ns or loan guarantees			******		•••	1b(5)		X
		ormance of services or me			ne			1b(6)		X
¢		of facilities, equipment, ma						1c		X
d	If the an	swer to any of the above is	"Yes," complete the foll	owing sche	dule. Column (b) should alv	ways show the fair m	narket value of the good	s, other ass	ets,	
					ed less than fair market valu	ie in any transaction	or sharing arrangemen	t, show in		
		(d) the value of the goods,								
(a)L	ine no	(b) Amount involved	(c) Name of no		exempt organization	(d) Description	of transfers, transactions, a	ind sharing an	angeme	nts
		-		N/A						
	_					-				
		,, , , , , , , , , , , , , , , , , , ,				 				
						-				
			L							
		•••								
									_	
			ļ							
						-				
	la tha fa		th. affiliatedth							
28		n 501(c) of the Code (other	- ·		or more tax-exempt organi	zations described		Yes	Y	□No
h		complete the following sch)) UI III SECI	1011 327 7			162	(_2)	NO
<u> </u>	11 100,	(a) Name of org			(b) Type of organization	T	(c) Description of relation	nship		
		N/A	<u></u>		, , , ,		, , , , , , , , , , , , , , , , , , , ,			
					_					
		-		-						
			=-							
۵.	1				g accompanying schedules and n taxpayer) is based on all inforr			May the IRS	discuss	this
Sig He	gn 🕟	M/ 1/6	1/ ///	,	11/2/-			return with the	(see ins	str)?
116		gnature of officer or trustee	Kuffin	•	11/8/17	PRESI	DENT	X Yes	; L	J No
	ال	Print/Type preparer's	,	Preparer's si	Date	Title Date	Check if PT	IN		
		Trinit Type proparer 3716		1000101331	CA-	1 1 4	self- employed			
Pa	id	WILLIAM LA	NGAN	WW		11/8/17		01366	725	
	epare			UST S	P SERVICES,	INC	Firm's EIN ▶ 51 -			
	e Only							,		
		Firm's address ▶ P.	O. BOX 898	5						
		WI	LMINGTON,	DE 19	801		Phone no. 302-	651-8	300	
								Form 99	n_PE	(2016)

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

Department of the Treasury Internal Revenue Service

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.

KULLMAN FAMILY FOUNDATION

OMB No 1545-0047

2016

Name of the organization

Employer identification number

81-2068836

Organization type (check o	ne):
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 Rule. See instructions
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or yone contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions
Special Rules	
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, I, line 1 Complete Parts I and II.
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the autions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III
year, contributior is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the is exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the General Rule applies to this organization because it received nonexclusively be, etc., contributions totaling \$5,000 or more during the year
but it must answer "No" o	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), on Part IV, line 2, of its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction 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

KULLMAN FAMILY FOUNDATION

81-2068836

VOTTE	AN FAMILI FOUNDATION	01	-2008830
Part I	Contributors (See instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELLEN KULLMAN 1105 N. MARKET STREET, SUITE 1300 WILMINGTON, DE 19801	- \$ 7,013,713.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ELLEN KULLMAN 1105 N. MARKET STREET, SUITE 1300 WILMINGTON, DE 19801	ss	Person X Payroll
(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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

623452 10-18-16

Name of organization

Employer identification number

KULLMAN FAMILY FOUNDATION

81-2068836

art II	Noncash Property (See instructions). Use duplicate copies of Part I	Il if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	62,000 SHARES OF E.I. DU PONT DE NEMOURS & CO. ("DD") @ \$65.475	_	
		s 4,059,450.	07/12/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	13,000 SHARES OF E.I. DU PONT DE NEMOURS & CO. ("DD") @ \$69.19	_	
		\$ 899,470.	07/27/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	1,690 SHARES OF E.I. DU PONT DE NEMOURS & CO. ("DD") @ \$69.375		7
		117,244.	08/01/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	25,767 SHARES OF E.I. DU PONT DE NEMOURS & CO. ("DD") @ \$75.195		
		\$ 1,937,549.	12/12/16
(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) Name of organization Employer identification number KULLMAN FAMILY FOUNDATION 81-2068836 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, chantable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

	ses for Tax on investment income	01 200		101 1
(a) List and	describe the kınd(s) of property sold ick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
1a 19,173 SHS EI	DUPONT NEMOURS &	CO COMMON	D	08/18/16
	DUPONT NEMOURS &		D	11/21/16
c 15,000 SHS EI	DUPONT NEMOURS &	CO COMMON	D	12/12/16
d 10,000 SHS EI	DUPONT NEMOURS &	CO COMMON	D	12/20/16
e 82 UNITS ISHAR	ES S&P 500 GROWT	H ETF	P	09/26/16
f 97 UNITS ISHAR	ES S&P 500 VALUE	ETF	P	09/26/16
g 27 UNITS ISHAR	ES TIPS BOND ETF		P	09/26/16
h 98 UNITS VANGU	ARD FINANCIALS E	TF	P	09/26/16
193 UNITS VANG	UARD FTSE DEVELO	PED MARKET ETF	P	09/26/16
135 UNITS ISHA	RES S&P 500 VALU	E ETF	P	11/15/16
k 20,000 PAR VAL	UE PFIZER INC	P	10/25/16	
1 20,000 PAR VAL	UE TOYOTA MTR CR	ED MTN	P	11/15/16
m 56 UNITS ISHAR	ES COHEN & STEER	S REIT ETF	P	11/15/16
n				
0				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		n) Gain or (loss) plus (f) minus (g)
a 1,325,475.		872,032.		453,443.
b 1,294,371.		833,874.		460,497.
c 1,132,559.		659,556.		473,003.
d 751,669.		442,934.		308,735.
e 9,924.	 	10,014.		-90.
f 9,126.		9,307.		-181.
2 142		3,146.		-4.
g 3,142. h 4,812.		4,906.	·· ····	-94.
7,160.		7,227.	·	-67.
13,172.		12,954.		218.
k 19,986.		20,063.		<u>-77.</u>
20,014.		20,030.		-16.
m 5,486.		5,486.		0.
n 3/1000		3,400.		
0	 	 	·	
	I Ing gain in column (h) and owned by	the foundation on 12/31/69	(1)1	osses (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	Gains (exces	s of col. (h) gain over col. (k), not less than "-0-")
a		<u> </u>		453,443.
b	 			460,497.
				473,003.
<u>c</u> <u>d</u>		†		308,735.
e		 		-90.
e f	 	 		-181.
	 	 		-4.
g h	 	1		-94.
<u>-11</u>		 		-67.
	 	 		218.
<u> </u>	 	 		<u>-77.</u>
k		† · · · · · · · · · · · · · · · · · · ·		-16.
<u></u>	 	+		-10.
<u>m</u>	+			
<u>n</u>	 			
0		<u> </u>		
2 Capital gain net income or (net	capital loss) { If gain, also ent	er in Part I, line 7 -0-" in Part I, line 7	2	1,695,367.
	loss) as defined in sections 1222(5)	and (6):		
If gain, also enter in Part I, line If (loss), enter "-0-" in Part I, lin		}	3	N/A
				-

FORM 990-PF INTERES	ST ON SAVIN	IGS AND TE	MPORA	RY CASH	INV	ESTMENTS	STA	ATEMENT	1
SOURCE ————————————————————————————————————			(A) REVENUE NET PER BOOKS 3,736.		(B) NET INVESTMENT INCOME		(C) ADJUSTED NET INCOME		3
						3,736.			
TOTAL TO PART I, LI	NE 3		3,73	36.		3,736.			
FORM 990-PF	DIVIDENDS	S AND INT	EREST	FROM SE	CURI	ITIES	ST	ATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	(A) REVENU PER BOO		(B) NET INVES MENT INCO		(C) ADJUST NET INC	
DIVIDEND INCOME	64,060	•	0.	64,0	60.	64,06	060.		
TO PART I, LINE 4	64,060	•	0.	64,0	60.	64,06	50.		
FORM 990-PF		LEG	AL FE	ES	`		ST	ATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOK		(B) T INVEST NT INCOM		(C) ADJUSTEI NET INCOM		(D) CHARITA PURPOS	
LEGAL FEE		9,21	5.	• • •	0.	· · · · · · · · · · · · · · · · · · ·	·	3	73.
TO FM 990-PF, PG 1,	LN 16A ==	9,21	5. ====	-	0.			3	73.
FORM 990-PF	0	THER PROF	ESSIO	NAL FEES	5		ST	'ATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOK		(B) T INVEST		(C) ADJUSTE NET INCO		(D) CHARITA PURPOS	
INVESTMENT MANAGEME	ENT FEES	13,73	34.	13,7	34.			-	0.
TO FORM 990-PF, PG	1, LN 16C	13,73	34.	13,7	34.				0.
	=						=		

FORM 990-PF	OTHER EXPENSES				STATEMENT	5	
DESCRIPTION	(A) (B) EXPENSES NET INVE PER BOOKS MENT INC					TABLE	
ADMINISTRATIVE SERVICES	3,188.	•	0.	•		3,188.	
TO FORM 990-PF, PG 1, LN 23	3,188.		0.		3,18	8.	
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6	
DESCRIPTION			вос	OK VALUE	FAIR MARKET VALUE	C	
INVESTMENTS - CORPORATE STOC	K	3,353,669		3,353,669.	5,070,501		
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	•		3,353,669.	5,070,50)1.	
FORM 990-PF	CORPORAT	'E BONDS			STATEMENT	7	
DESCRIPTION			ВО	OK VALUE	FAIR MARKET	r	
				OK VALIOE	VALUE		
INVESTMENTS - CORPORATE BOND	S			1,228,772.	1,219,85	97.	
INVESTMENTS - CORPORATE BOND TOTAL TO FORM 990-PF, PART I				···········			
		/ESTMENTS		1,228,772.	1,219,89	97.	
TOTAL TO FORM 990-PF, PART I	I, LINE 10C OTHER INV	VESTMENTS ALUATION METHOD		1,228,772.	1,219,89	97.	
TOTAL TO FORM 990-PF, PART I	I, LINE 10C OTHER INV	ALUATION		1,228,772.	1,219,89 1,219,89 STATEMENT FAIR MARKE	97. 8	

9

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	
NAME OF CONTRIBUTOR	ADDRESS		
ELLEN KULLMAN	1105 N. MARKET STREET, SUITE WILMINGTON, DE 19801	E 1300	

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, DI		STATI	EMENT 10
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
MICHAEL E. KULLMAN 1105 N. MARKET STREET, SUITE 1300 WILMINGTON, DE 19801	PRESIDENT/CLASS	B DIRECTO		0.
ELLEN J. KULLMAN 1105 N. MARKET STREET, SUITE 1300 WILMINGTON, DE 19801				0.
MARGARET KULLMAN 1105 N. MARKET STREET, SUITE 1300 WILMINGTON, DE 19801		A DIRECTO 0.	R 0.	0.
STEPHEN KULLMAN 1105 N. MARKET STREET, SUITE 1300 WILMINGTON, DE 19801	VICE PRESIDENT/ 1.00	CLASS A DI 0.		0.
DAVID KULLMAN 1105 N. MARKET STREET, SUITE 1300 WILMINGTON, DE 19801	VICE PRESIDENT/ 1.00	CLASS A DI 0.		0.
TOTALS INCLUDED ON 990-PF, PAGE 6	- , PART VIII =	0.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KULLMAN FAMILY FOUNDATION 1105 N. MARKET STREET, SUITE 1300 WILMINGTON, DE 19801

NAME OF GRANT PROGRAM

GRANTS

FORM AND CONTENT OF APPLICATIONS

GRANT APPLICATIONS CAN BE SUBMITTED TO THE FOUNDATION FROM QUALIFIED IRC SECTION 501(C)(3) ORGANIZATIONS, SUPPORTED BY SUCH FOLLOW-UP DETAIL AND BUDGETING INFORMATION AS THE BOARD MAY REQUIRE.

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

N/A