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Form, 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Fo	r ca	endar year 2016 or tax year beginning	11	<u>/09 , 2016, </u>	and ending	<u> </u>	12/31, 2016
		of foundation				A Employer identif	fication number
	LUK	IANOV FAMILY FOUNDATION				81-444532	23
	lumbe	r and street (or P O box number if mail is not delivered	to street address)		Room/suite	B Telephone numb	ber (see instructions)
		NDATION SOURCE 501 SILVERSIDE				(800) 83	39-1754
_C	ity or	town, state or province, country, and ZIP or foreign pos	tal code			1	
						C If exemption applic pending, check her	
1	WIL	MINGTON, DE 19809-1377				_]	
G	Che	ck all that apply X Initial return	Initial return o	of a former p	ublic charity	D 1 Foreign organiza	ations, check here ►
		Final return	Amended ret	turn		2 Foreign organiz	
		Address change	Name change	е			here and attach
Н	Che	ck type of organization X Section 501(c)(3) exempt private f	oundation		7	
Γ	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable pri	vate founda	tion		on status was terminated (b)(1)(A), check here
ī			unting method X Ca	ash Acc	rual	7	s in a 60-month termination
	end		ther (specify)			l l	b)(1)(B), check here
		· · · · · · · · · · · · · · · · · · ·	olumn (d) must be on cas	sh basis)		-	
P	art l	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
		total of amounts in columns (b), (c), and (d)	expenses per	(b) Net inve		(c) Adjusted net	for charitable purposes
		may not necessarily equal the amounts in column (a) (see instructions))	books	incom	10	income	(cash basis only)
\neg	1	Contributions, gifts, grants, etc., received (attach schedule)	2,290,025.				
		Chack if the foundation is not required to					1
]	3	Interest on savings and temporary cash investments.					
	4	Dividends and interest from securities					<u> </u>
		Gross rents		-			<u> </u>
ĺ		Net rental income or (loss)					
اه		Net gain or (loss) from sale of assets not on line 10					† · · · · · · · · · · · · · · · · · · ·
릵		Gross sales price for all assets on line 6a					
evenue	7	Capital gain net income (from Part IV, line 2)		*	0.		
~	8	Net short-term capital gain					
	٩	Income modifications					T
- }	10 a	Gross sales less returns and allowances					
1	h	Less Cost of goods sold .					
		Gross profit or (loss) (attach schedule)		· · · · · · · · · · · · · · · · · · ·			T
	11	Other income (attach schedule)					
ı	12	Total. Add lines 1 through 11	2,290,025.		0.		
-	13	Compensation of officers, directors, trustees, etc	0.				
es	14	Other employee salaries and wages					
enses	15	Pension plans, employee benefits	-				
ğ				 _		- · ·	
щ	b	Legal fees (attach schedule)					T
Ş		Other professional fees (attach schedule)		13:	CEIVER		1
äti	17	Interest		·		70	
istr	18	Taxes (attach schedule) (see instructions)		35		્રોબ્રી	1
Ē	19	Depreciation (attach schedule) and depletion.	-	S WAY	1 3 % 2018	7 3	1
p	20	Occupancy					
<u>₹</u>	21	Travel, conferences, and meetings		70	DEN LI	57	
Š	22	Printing and publications					
5	23	Other expenses (attach schedule)					
Ë	23 24 25	Total operating and administrative expenses.					
era	- '	Add lines 13 through 23	0.	Í			
Č	25	Contributions, gifts, grants paid					
J	26	Total expenses and disbursements Add lines 24 and 25	0.				
_	27	Subtract line 26 from line 12	 				
	L	Excess of revenue over expenses and disbursements	2,290,025.	}			
	l.	Net investment income (if negative, enter -0-)			0.		-
	i i	Adjusted net income (if negative enter -0-).		 			

Form 990-PF (2016)

Fo	m 990	D-PF (2016) LUKIANOV FAMILY FOUND	ATION		81-4445323 Page 2
F	art I	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	En	d of year
٢	aiti	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments			
	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 ▶			
য়	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments - U S and state government obligations (attach schedule), .			
	b	Investments - corporate stock (attach schedule) ATCH 1		2,290,02	5. 2,303,240
	С	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 >)			
	16	Total assets (to be completed by all filers - see the			
		ınstructions Also, see page 1, item I)	0.	2,290,02	5. 2,303,240
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ŝ	19	Deferred revenue			ŀ
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ä	21	Mortgages and other notes payable (attach schedule)			
Ξ	22	Other liabilities (describe ▶)			
_	23	Total liabilities (add lines 17 through 22)	0.		0.
		Foundations that follow SFAS 117, check here . ▶ ☐			
ances		and complete lines 24 through 26 and lines 30 and 31.			
ŭ	24	Unrestricted			
ä	25	Temporarily restricted			
В	26	Permanently restricted			
E		Foundations that do not follow SFAS 117,			
ዟ		check here and complete lines 27 through 31.			
0	27	Capital stock, trust principal, or current funds			
Assets or Fund Bal	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds		2,290,02	
it A	30	Total net assets or fund balances (see instructions)	0.	2,290,02	5.
ž	30 31	Total liabilities and net assets/fund balances (see			
		instructions)	0.	2,290,02	5.
_	_	Analysis of Changes in Net Assets or Fund Balan			
1		tal net assets or fund balances at beginning of year - Part I			
		d-of-year figure reported on prior year's return)			1 0
		ter amount from Part I, line 27a			2,290,025
		her increases not included in line 2 (itemize) ▶			3
		d lines 1, 2, and 3			4 2,290,025
!	De	creases not included in line 2 (itemize) ▶	***		5
-	: T^	tal net assets or fund halances at end of year (line 4 minus	line 5) - Part II, column /h	1 line 30	6 2.290.025

Page 3

(a) List ar	s and Losses for Tax on Inv nd describe the kind(s) of property sold brick warehouse, or common stock, 200	(e g , real estate,	(b) How acquired P - Purchase D - Donation (c) Date acq	urred (d) Date sold (mo , day, yr)
1 a	···			
<u> </u>				
<u>d</u>				
е			<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain (e) plus (f)	
<u>a</u>			_	
b				
С				
<u>d</u>				
<u>e</u>		1		<u>-</u>
Complete only for assets	showing gain in column (h) and owner			(h) gain minus
(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		less than -0-) or om col (h))
<u>a</u>				<u>.</u>
<u>b</u>				
С				
<u>d</u>				
<u>e</u>	<u> </u>		<u> </u>	
2 Capital gain net income	a or (not capital loce)	gain, also enter in Part I, line 7		
	(II (loss), enter -0- in Part I, line 7	2	
	gain or (loss) as defined in sections			
-	Part I, line 8, column (c) (see ins	structions) If (loss), enter -0- in		
	 		3	
		educed Tax on Net Investment In section 4940(a) tax on net invest		
		butable amount of any year in the b	pase period?	Yes N
		ear, see the instructions before mak	ing any entries	
(a)			,	d)
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	Distribu	tion ratio ded by col. (c))
2015				
2014				
2013				
2012				
2011	<u> </u>			
			1 1	
3 Average distribution ra	tio for the 5-year base period - div	vide the total on line 2 by 5, or by the		
number of years the fo	oundation has been in existence if l	less than 5 years	3	
4 Enter the net value of	noncharitable-use assets for 2016	from Part X, line 5	4	
5 Multiply line 4 by line 3	3		5	
))		
7 Add lines 5 and 6			7	
8 Enter qualifying distrib If line 8 is equal to or Part VI instructions	utions from Part XII, line 4 greater than line 7, check the bo	ox in Part VI, line 1b, and complete	8 that part using a	1% tax rate. See

Pas	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- see in	struc	tions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0			0.
6	Credits/Payments			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a			
Ь	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			0
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			0.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Do				
	rt VII-A Statements Regarding Activities		Yes	No
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	163	X
	participate or intervene in any political campaign?			
D	Instructions for the definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
•	(1) On the foundation \$ (2) On foundation managers \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T	l		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			i
	By language in the governing instrument, or			1
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that		.,	
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	<u> </u>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			ŀ
	DE,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8ь	x	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	100	 ^`	†
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"	9		l x
, -	complete Part XIV			1
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . ATCH 2	10	X	
	names and addresses 174.71.71.11.11.11.11.11.11.11.11.11.11.11.		n.PF	(2016)

Pa	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_ X	
	Website address ▶N/A			
14	The books are in care of ► FOUNDATION SOURCE Telephone no ► 800-839	-175	4	
	Located at ▶ 501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 ▶ 19809-1	377		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)	l		Ì
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1		1
	disqualified person?			İ
	(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? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	ļ		
	the benefit or use of a disqualified person)?Yes	1	\ \ \	
	(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			İ
	termination of government service, if terminating within 90 days)			
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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	<u> </u>		
	were not corrected before the first day of the tax year beginning in 2016?	1c	-	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e Part XIII) for tax year(s) beginning before 2016?			
	25, 7 21, 7 2			
	If "Yes," list the years And	1		
	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	2b	<u> </u>	
	all years listed, answer "No" and attach statement - see instructions)		 	-
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
2 -	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	İ		
Je	at any time during the year?			
	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	1		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	1		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		ļ	
	foundation had excess business holdings in 2016)	3b	1	l,
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	T	Х
	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		Х

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

Form' 990-PF (2016) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) 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 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 Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc 1 N/A Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE All other program-related investments. See instructions 3 NONE Total. Add lines 1 through 3

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LUKTANOV FAMILY FOUNDATION 81-4445323 Form 990-PF (2016) Page 8 Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, Part X see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 1a 1,151,620. 1b 1c 1d 1,151,620.Reduction claimed for blockage or other factors reported on lines 1a and 2 3 1,151,620. Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 17,274. instructions) 1,134,346. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 8,213. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part XI and certain foreign organizations check here ▶ and do not complete this part) 8,213. Tax on investment income for 2016 from Part VI, line 5 2a Income tax for 2016 (This does not include the tax from Part VI). . 2b 8,213. 3 8,213. 6 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, 8,213. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., Amounts set aside for specific charitable projects that satisfy the Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 5 0. Enter 1% of Part I, line 27b (see instructions)

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

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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Page **9**

2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only	,213.
2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only	,213.
2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only	,213.
a Enter amount for 2015 only	
b Total for pnor years 20 14 ,20 13 ,20 12	
b Total for pnor years 20 14 ,20 13 ,20 12	
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 \$	
a Applied to 2015, but not more than line 2a	
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	
e Remaining amount distributed out of corpus,	
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	
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	
	,213.
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	
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	

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

factors

c Any submission deadlines

	990-PF (2016) t XV Supplementary Information (c	ontinued)			Page 1
3	Grants and Contributions Paid Durin	g the Year or Appr	oved for F	Future Payment	
<u> </u>	Grants and Contributions Paid Durin Recipient Name and address (home or business)	If recipient is an individual,	Foundation	Purpose of grant or	
	Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
a	Paid during the year	or odportunital contributor	·		
	ů ·				
)]	
				i	
			1	1	
				1	
				į į	
				ĺ	
				1	
				l	
				l i	
]	
]	
	Total			▶ 3a	
b	Approved for future payment	-			
)		
			1	1	
			Ì		
	i				
			1		
					1
		<u></u>			
	Total				

Part XV	-A Analysis of Income-Prod	ucing Act	ivities			
Enter gross	s amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e) Related or exempt
1 Program	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
=		·				(000 1101 0010110)
. —						······································
						·
		,				
_						
	and contracts from government agencies					-
-	ership dues and assessments					
	on savings and temporary cash investments -					
	nds and interest from securities					
	ntal income or (loss) from real estate					
	ot-financed property					
b Not	debt-financed property					
6 Net rent	al income or (loss) from personal property					
7 Other i	nvestment income					
8 Gain or	(loss) from sales of assets other than inventory					
9 Net inc	ome or (loss) from special events					
10 Gross	profit or (loss) from sales of inventory					
11 Other r	evenue a					
ь						
e						
	al Add columns (b), (d), and (e)					
13 Total A	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calc	ulations)			13	
Part XV			ccomplishment of F	Yemnt Pur	noses	
			·····			
Line No.	Explain below how each activit	-		-		· •
▼	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	tunds for such purpose	s) (See instructions)
					·	
					.	
-						-
	-					-
			· · · · · · · · · · · · · · · · · · ·			
	 				· <u></u>	· · · · · · · · · · · · · · · · · · ·
	 				<u> </u>	
						

					_					4.0
	90-PF (FAMILY FOUNDATION			81-4445			_{je} 13
Part	XVII	Information Re Exempt Organ		nsfers To and Trans	actions and	d Relationships	With None	harı	table)
1	Did th	e organization direct	ly or indirectly e	engage in any of the follo	wing with an	y other organizatio	n described		Yes	No
				ection 501(c)(3) organiz						
		ızatıons?	,	, ,, ,	,	-	,			
			g foundation to	a noncharitable exempt o	rganization of		,			
								1a(1)		х
	(1) Ce	bor accete						1a(2)		X
	٠,	transactions								
-			naharitable even	ant organization				1b(1)	1	х
				npt organization						х
										х
	(3) Re	ental of facilities, equi	ipment, or other a	assets				16(4)		Х
	(4) Ke	elmbursement arrange	ements					15(5)		Х
	(5) LC	ans or loan guarantee	35					15(6)		Х
				p or fundraising solicitatio						X
				s, other assets, or paid er s," complete the followir					four m	
				es given by the reporting						
	value	in any transaction or	r sharing arrang	ement, show in column	(d) the value	of the goods othe	rassets orsi	ervice	s rece	eived
		(b) Amount involved	· -	oncharitable exempt organization		cription of transfers, tran				
(a) Lir	ie no	N/A	(c) Name of no	onchamable exempt organization	N/A	cription of transfers, trans	sactions, and sna:	ing are	ingeme	
		N/A	-		N/A					
										
					 					
			-				·			
										
			<u> </u>							
				iliated with, or related to				–		J
				her than section 501(c)(3	i)) or in section	า 527?		Y	es X	J No
<u>b</u>	If "Ye	s," complete the follo								
		(a) Name of organizatio	On I	(b) Type of organizat	on	(c) Desc	ription of relations	hip		
										
	Und	ler penalties of perjury, I decli-	are that I have examin	ed this return, including accompani expayer) is based on all information of	ying schedules and which preparer has a	statements, and to the beany knowledge	est of my knowledg	e and l	belief, it	is true
Sign		(1)		111517	^ -	ESIDENT	May the IRS	dson	s this	retum
dere		W/V		4-17-1/	_ 110	<u></u>	with the pr			below
ICIE	Sı	gnature of officer or trustee		Date	Title		(see instruction	s)? <u>X</u>	Yes	No
									_	
Paid	 I	Print/Type preparer's na	ame	Preparer's signature		Date	Check If	PTIN		
		JEFFREY D HAS	KELL	JEFFREY D HASKI	ELL	03/31/2017			4577	′0
rep	oarer	Firm's name ► FC	OUNDATION SO	OURCE		Firm's	EIN ▶5103) 834	7	

11042

Phone no 800-839-1754 Form 990-PF (2016)

Use Only Firm's address ▶ ONE HOLLOW LN, STE 212

LAKE SUCCESS, NY

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

2016

► 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.

Name of the organization			Employer Identification number		
LUKIANOV FAMILY FO	type (check one) Section: 990-EZ		81-4445323		
Organization type (check o	one)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as	a private fou	indation		
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a p	rivate founda	tion		
Form 990 or 990-EZ Check if your organization is Note: Only a section 501(c)(instructions) General Rule X For an organization or more (in money contributor's total) Special Rules For an organization regulations under 13, 16a, or 16b, a \$5,000 or (2) 2% For an organization contributor, during literary, or educate contributor, during contributions total during the year for General Rule applications: An organization that	501(c)(3) taxable private foundation				
General Rule X For an organizat or more (in mone	ion filing Form 990, 990-EZ, or 990-PF that received, during the g ey or property) from any one contributor. Complete Parts I and II	year, contribu	utions totaling \$5,000		
Special Rules					
regulations unde 13, 16a, or 16b,	r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule and that received from any one contributor, during the year, tota	A (Form 990 l contributions	or 990-EZ), Part II, line s of the greater of (1)		
contributor, durii	ng the year, total contributions of more than \$1,000 exclusively fo	r religious, cl	naritable, scientific,		
contributor, durin contributions tota during the year f General Rule ap	Section: 90-EZ				
Caution: An organization t	hat isn't covered by the General Rule and/or the Special Rules do	oesn't file Sch	edule B (Form 990,		

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization LUKIANOV FAMILY FOUNDATION Employer identification number 81-4445323 Contributors (See instructions) Use duplicate copies of Part I if additional space is needed Part I (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 LUKIANOV, ALEXIS V. Person Payroll 3567 S. OCEAN BOULEVARD 2,290,025. Noncash (Complete Part II for HIGHLAND BEACH, FL 33487 noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (d) (c) Name, address, and ZIP + 4 No **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person

Payroll Noncash (Complete Part II for noncash contributions) Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization LUKIANOV FAMILY FOUNDATION

Employer identification number

81-4445323

a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	NUVASIVE, INC NUVA, 4303 SH.	_	
		\$\$.	12/30/2016
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	NUVASIVE, INC NUVA, 29890 SH.		
		\$2,000,089.	12/29/2016
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	

Employer identification number

81-4445323 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) ▶\$ Use duplicate copies of Part III if additional space is needed from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

(c) Use of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(d) Description of how gift is held

(a) No. from Part I

(b) Purpose of gift

ATTACHMENT

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

NUVASIVE, INC

ENDING BOOK VALUE

ENDING <u>FMV</u>

2,290,025.

2,303,240.

TOTALS

700000

2,290,025.

2,303,240.

LUKIANOV FAMILY FOUNDATION

PART VII-A, LINE 10 - SUBSTANTIAL CONTRIBUTORS FORM 990PF,

NAME AND ADDRESS

LUKIANOV, ALEXIS V. 3567 S. OCEAN BOULEVARD HIGHLAND BEACH, FL 33487

LUKIANOV, KATHERINE 3567 S. OCEAN BOULEVARD HIGHLAND BEACH, FL 33487

ATTACHMENT 2

LUKIANOV FAMILY FOUNDATION	2016 FORM 990-PF			81-4445323
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	ERS, DIRECTORS, AND TRUSTEES		ATTACHMENT	MENT 3
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ALEXIS V LUKIANOV FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	PRES / DIR 5.00	Ċ	Ö	·
KATHERINE LUKIANOV FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	DIR / SEC / TREAS 5.00	.0	·o	.0
	GRAND TOTALS	0	0	0

ATTACHMENT 4

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

ALEXIS V LUKIANOV KATHERINE LUKIANOV