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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.

Form **990-Pf** 

Department of the Treasury Internal Revenue Service  Do not enter Information about For	social security numbers or m 990-PF and its separate	this form as it may be mainstructions is at www.ii	ade public. rs gov/form990of.	Open to Public Inspection
	12, 2016	, and ending	DEC 31, 2016	P Open to 1 dolle inspection
Name of foundation			A Employer identification	number
TIKKUN			81-4697711	
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	<del></del> -
2500 MEADOW AVENUE			847-374-04	0 0
City or town, state or province, country, and ZIP or foreign $\mu$ BOULDER, CO $80304$	oostal code		C If exemption application is pe	nding, check here
G Check all that apply: X Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations.	check here
Final return	Amended return	orritor public oriently		-
Address change	Name change		Foreign organizations mee     check here and attach con	iting the 85% test, nputation
H Check type of organization X Section 501(c)(3) e.	xempt private foundation		E If private foundation stat	us was terminated
Section 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	under section 507(b)(1)(	
I Fair market value of all assets at end of year J Account	-	Accrual	F If the foundation is in a 6	60-month termination
	ther (specify)		under section 507(b)(1)(	B), check here
Part   Analysis of Revenue and Expenses				(4) = .
(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 income	(d) Disbursements for charitable purposes
1 Contributions, gifts, grants, etc., received	5,000,000.		N/A	(cash basis only)
2 Check Inf the foundation is not required to attach Sch B		· · · · · · · · · · · · · · · · · · ·		- 45
Interest on savings and temporary cash investments				
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
D assets on line 6a		0.	<del> </del>	
7 Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain		0.		
9 Income modifications				
Gross sales less returns 10a and allowances	<del></del>			
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income				
12 Total. Add lines 1 through 11	5,000,000.	0.		
13 Compensation of officers, directors, trustees, etc	0.	0.		0
<ul><li>14 Other employee salaries and wages</li><li>15 Pension plans, employee benefits</li></ul>				
l		DECE		
b Accounting fees		RECEIV		
b Accounting fees c Other professional fees		E NOV 1 F O		
17 Interest		B NOV 15 2	417 101	
18 Taxes			[]	
17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings		OGDEN	IT	
20 Occupancy			<del> </del>	
		-		
22 Printing and publications				
Other expenses  24 Total operating and administrative		-	<del> </del>	
24 Total operating and administrative expenses. Add lines 13 through 23	0.	0.		0
25 Contributions, gifts, grants paid	0.	<u> </u>		0
26 Total expenses and disbursements				
Add lines 24 and 25	0.	0.		0
27 Subtract line 26 from line 12:	×		27 1	The second secon
a Excess of revenue over expenses and disbursements	5,000,000.			
b Net investment income (if negative, enter -0-)	,	0.		2, 2, 3
C Adjusted net income (if negative, enter -0-)			N/A	1,51

Page 2

<u>TIKK</u>UN

ΓĒ	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	
<u>:</u>	<del></del>	column should be for end of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
		Savings and temporary cash investments		5,000,000.	5,000,000.
	3	Accounts receivable			
	ł	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			
	7	Other notes and loans receivable			
	l	Less: allowance for doubtful accounts			
w	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		·			
	1	Investments - corporate bonds			<del></del>
	11	Investments land buildings and equipment basis			
	١	Less accumulated depreciation	<del></del>		
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
	1	Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	0.	5,000,000.	5,000,000.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ý	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
폏	21	Mortgages and other notes payable			
Ë	22	Other liabilities (describe ►)			Ì
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			ľ
	ĺ	and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
2	25	Temporarily restricted			İ
ala	l .	Permanently restricted			
Net Assets or Fund Balance	20	Foundations that do not follow SFAS 117, check here			
Ë	İ	and complete lines 27 through 31.			·
5	27	•	0.	0.	•
5	27	Capital stock, trust principal, or current funds	0.		
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	5,000,000.	•
¥	29	Retained earnings, accumulated income, endowment, or other funds	0.	5,000,000.	
ž	30	Total net assets or fund balances	<u>_</u>	5,000,000.	\$
	١	~	0.	5,000,000.	
_		Total liabilities and net assets/fund balances		3,000,000.	
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line		<del></del>	
		t agree with end-of-year figure reported on prior year's return)	00		0.
		amount from Part I, line 27a		2	5,000,000.
		Increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		- 3	5,000,000.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (h) line 30		5,000,000.
<u> </u>	Jul	The assets of fund buildings at one of year find 4 minus mie 3) - Faith, Cl	Admir (D), mile ee		Form <b>990-PF</b> (2016)

See the Part VI instructions.

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Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 -	see ins	struct	ions)
<b>1a</b> , Ex	xempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.				
Da	ate of ruling or determination letter: (attach copy of letter if necessary-see instructions)		<u> </u>		
<b>b</b> Do	omestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%	1			0.
of	FPart I, line 27b		T		
c Al	Il other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		}		
<b>2</b> Ta	ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
<b>3</b> Ac	dd lines 1 and 2	3			0.
4 St	ubtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	Ţ		0.
5 Ta	ax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			0.
<b>6</b> Cr	redits/Payments:				
a 20	016 estimated tax payments and 2015 overpayment credited to 2016 6a	- }	ì		
<b>b</b> Ex	kempt foreign organizations - tax withheld at source				
<b>c</b> Ta	ax paid with application for extension of time to file (Form 8868)				
<b>d</b> Ba	ackup withholding erroneously withheld 6d 6d		ļ		
<b>7</b> To	otal credits and payments. Add lines 6a through 6d	7			0.
<b>8</b> En	nter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9 Ta	ax due If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9			0.
10 Ov	verpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	T		
11 En	nter the amount of line 10 to be: Credited to 2017 estimated tax	<u> 11</u>	$T^{-}$		
Part	VII-A   Statements Regarding Activities				
<b>1a</b> Du	uring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interv	ene in			Yes No
an	ny political campaign?			1a	X
<b>b</b> Di	d it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the defini	tion)?	[	1b	X
If t	the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pub	lished or			
	stributed by the foundation in connection with the activities				
c Di	d the foundation file Form 1120-POL for this year?		[	1c	X
	iter the amount (if any) of tax on political expenditures (section 4955) imposed during the year;		Ţ		
(1)	) On the foundation. ► \$ (2) On foundation managers. ► \$	<u>).</u>			
	nter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation anagers. > \$ 0.				
	as the foundation engaged in any activities that have not previously been reported to the IRS?			2	X
lf '	"Yes," attach a detailed description of the activities				
	is the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	n, or		_	
	d the foundation have resulted by the control of the changes		<u> </u>	3	X
	d the foundation have unrelated business gross income of \$1,000 or more during the year?	Α.	I/A	4a	<del>-   ^-</del>
	"Yes," has it filed a tax return on Form 990-T for this year?	ľ	''^A	4b	$\frac{1}{x}$
	as there a liquidation, termination, dissolution, or substantial contraction during the year?		<u> </u>	5	+
	"Yes," attach the statement required by General Instruction T.				- · · ·
	e the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		Ì	- 1	
	By language in the governing instrument, or  By state legislation that effectively emends the governing instrument on that an emendatory diseases that conflict with the con-	tata law	ļ	- 1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the s	tate law	ŀ	_	$\mathbf{x}$
	main in the governing instrument?		<u> </u>	6	$\frac{x}{x}$
1 Dit	d 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	<b>-</b>	7	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0a Ent	ter the states to which the foundation reports or with which it is registered (see instructions)		T I	5.1 24	<b>表記 建</b> 克
	L		<del></del>		
_	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			3* 4 4 4 3* 17 3 4	1. 作概然
	each state as required by General Instruction G? If "No," attach explanation		F	8b s	X
	the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for c	alendar	H	<u> </u>	, J. (N.)
	ar 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	Jaiondai	<b> </b>	9	X
	d any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STM	$_{r}$ $_{1}$	10	X
	Tes, attach a schedule listing their names and addresses			_	PF (2016)

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Pa	art VII-A   Statements Regarding Activities (continued)			
_	Continued)	<del></del>	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)	111	1 1	х
40		<del></del>	1	<del></del> -
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p	l l	1 1	х
	If "Yes," attach statement (see instructions)	12	x	<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13_		L
	Website address ► N/A	- 047 274 (	400	
14		►847-374-0	400	
	Located at ► 2500 MEADOW AVENUE, BOULDER, CO	ZIP+4 <b>►8030</b> 4	<u> </u>	<del></del>
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	15 1	1/A_	
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	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country.			
Pa	irt 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).			
		res X No	1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1	
	a disqualified person?	res X No		
		res X No		
	(-)	res X No		
	(4)	es LA No	1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	[37]	1	
	for the benefit or use of a disqualified person)?	Yes X No	}	
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	ıf the foundation agreed to make a grant to or to employ the official for a period after		Į.	
	termination of government service, if terminating within 90 days.)	Yes X No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A 1b		
	Organizations relying on a current notice regarding disaster assistance check here		T -	
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		-	1
•	before the first day of the tax year beginning in 2016?	1c	1	X
		<del>  "</del>	$\dagger$	<del> </del>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		f	l
	defined in section 4942(j)(3) or 4942(j)(5)):		1	
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		1	1
		Yes X No	1	i
	If "Yes," list the years,,,,,		1	ļ
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorre	ot	1	ł
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack		<u> </u>	↓
	statement - see instructions.)	N/A _2b	⊥	L
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.		}	
	<b>&gt;</b>	i i	,	j
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1	1	, '
-		Yes X No	] .	ł
			1	
D	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons a	, ,		ř
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to			,
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule		74 Jr	<del> </del>
	Form 4720, to determine if the foundation had excess business holdings in 2016)	N/A 3b	₩-	<del> </del>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	_4a	4	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos	se that	1_	<u> </u>
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	_4b		X
		Form <b>9</b> 9	90-PF	(2016)

orm 990-PF (2016)	TIKKUN

Part VIEB Statements Regarding Activities for Which F	orm 4/20 May Be Re	equirea <sub>(continu</sub>	ıed)			
5a During the year did the foundation pay or incur any amount to:				4 2 2	小類	MALE OF
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No			
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire			4 *	100	
any voter registration drive?					, ,	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	(3) Provide a grant to an individual for travel, study, or other similar purposes?				- 1	1,5
(4) Provide a grant to an organization other than a charitable, etc., organization described in section					` *	'
4945(d)(4)(A)? (see instructions)		Ye	s X No		1	ł
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo					1
the prevention of cruelty to children or animals?		Ye	s X No			- 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described ii	n Regulations	<u> </u>			
section 53.4945 or in a current notice regarding disaster assistance (see instruc	ctions)?		N/A	5b_		
Organizations relying on a current notice regarding disaster assistance check he						
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr						]
expenditure responsibility for the grant?	N	/A Ye	s L No		]	1
If "Yes," attach the statement required by Regulations section 53 4945-	-5(d)				1	İ
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on					
a personal benefit contract?		Ye	s X No			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a po	ersonal benefit contract?		+	<u>6</u> b		X
If "Yes" to 6b, file Form 8870			दिला .			l
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No			
b If "Yes," did the foundation receive any proceeds or have any net income attribu		Ulable	N/A	7b		
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	es, Foundation Mar	nagers, Hignly				
List all officers, directors, trustees, foundation managers and their of	compensation					
List all officers, directors, dustees, foundation managers and their c	(b) Title, and average	(c) Compensation	(d) Contributions to	T	(e) Exp	ense
(a) Name and address	hours per week devoted	(If not paid.	employee benefit plans and deferred	a	(e) Expo	other
· <del></del>	to position	`enter -0-) '	compensation	+-	allowar	ices
LORI BERMAN 2500 MEADOW	PRESIDENT	ĺ		1		
BOULDER, CO 80304	0.00	0.	0 .			0.
<del></del>	TREASURER			+		<u> </u>
2500 MEADOW	IKEASOKEK			l		
BOULDER, CO 80304	0.00	0.	0.			0.
BOOLDER, CO 80304	0.00	i		+		_ <del></del> -
		]		1		
		1	'	1		
	<del></del>	<del></del>		+-		
<del></del>		1		1		
				1		
2 Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, 6	enter "NONE."				
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	$\Box$	<b>(e)</b> Exp	enșe
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	'   a	(e) Exp ccount, allowar	other
NONE	devoted to position		Compondation	十一		
<del></del>	<del> </del>	1		1		
<del></del>				1		
<del></del>		<del>                                     </del>		1		
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<del></del>	<del> </del>	<del>                                     </del>		T		
<del></del>				1		
Total number of other employees paid over \$50,000	<del></del>	·				0
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Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	<u></u>	
<del></del>		
	<del></del>	
<del></del>	_	
<del></del>		
<del></del>	-	
Total number of others receiving over \$50,000 for professional services	<del></del>	▶ 0
Part IX-A   Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist	ical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc.	Expenses
1 N/A		
2		
3		
4		<del></del>
4		
Part IX-B   Summary of Program-Related Investments	· · · · · · · · · · · · · · · · · · ·	
Describe the two largest program-related investments made by the foundation during the tax year on l	ines 1 and 2.	Amount
1 N/A		
2		
<del></del>		
<del></del>		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	ee instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<del></del>
a		1a	0.
b		1b	5,000,000.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	5,000,000.
е	Reduction claimed for blockage or other factors reported on lines 1a and	在 一	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,000,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	75,000.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	_5	4,925,000.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	13,494.
<u>IP</u>	Distributable Amount (see instructions) (Section 4942(i)(3) and (j)(5) private operating foundations at foreign organizations check here   and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	13,494.
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.)	] [	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,494.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	13,494.
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	13,494.
=	art XII Qualifying Distributions (see instructions)	<del></del>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<b> </b>	^
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	14 at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Suitability test (prior IRS approval required)	3a	<del></del>
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4 -	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 _ 1	^
•	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for	tne section

Form **990-PF** (2016)

Form **990-PF** (2016)

orm 990-PF (2016) <b>TIKKUN</b>				
Part XIII Undistributed Income (see in	nstructions)			
`	(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d</b> ) 2016
1 Distributable amount for 2016 from Part XI,				13,494.
line 7				
2 Undistributed income, if any, as of the end of 2016	l	<u> </u>	0.	
a Enter amount for 2015 only				
b Total for prior years:		0.	1_	
3 Excess distributions carryover, if any, to 2016:				
i i			Ţ	
<b>a</b> From 2011 <b>b</b> From 2012	1		1	
c From 2013	Ì		ļ	
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from		į		
Part XII, line 4: ► \$0.	ļ	ļ.		
a Applied to 2015, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		, 1	]	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			0.
d Applied to 2016 distributable amount				
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount	0.			
(if an amount appears in column (a), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		<del>                                     </del>
c Enter the amount of prior years'		H		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				<b> </b>
lines 4d and 5 from line 1. This amount must				13,494
be distributed in 2017				13,131
7 Amounts treated as distributions out of			,	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	•			
may be required - see instructions)	0.	ļ	<del> </del>	
8 Excess distributions carryover from 2011	^		•	,
not applied on line 5 or line 7	0.	<del>                                     </del>	<del> </del>	<del> </del>
9 Excess distributions carryover to 2017	^			
Subtract lines 7 and 8 from line 6a	0.	<del> </del>	<del> </del>	
10 Analysis of line 9:			,	1 .
a Excess from 2012			1 pc	A S
<b>b</b> Excess from 2013		-	, ,	<b>\</b> ,
c Excess from 2014		ĭ	1	l .

d Excess from 2015 e Excess from 2016

Form 990-PF (2016) <b>TIKKUN</b>				81-46	97711 Page 10
PartXIV Private Operating F	oundations (see i	nstructions and Part V	II-A, question 9)	N/A	<del></del>
1 a If the foundation has received a ruling of	r determination letter th	at it is a private operating	T		
foundation, and the ruling is effective fo			<b>▶</b>	_	
<b>b</b> Check box to indicate whether the found	dation is a private operat	ing foundation described	in section	4942(j)(3) or 49	)42(J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for				<u> </u>	
each year listed			1		
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			ļ		
d Amounts included in line 2c not					
used directly for active conduct of	1		Ì	1	
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.			j	1	
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon. a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:	ļ				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			T -		
an exempt organization				L	
(4) Gross investment income	<u> </u>		<u> </u>		L
Part XV Supplementary Info	rmation (Compl he vear-see inst	ete this part only ructions.)	if the foundation	had \$5,000 or mor	e in assets
1 Information Regarding Foundatio				<del></del>	
a List any managers of the foundation wh year (but only if they have contributed n			tributions received by the	foundation before the close	e of any tax
NONE					
b List any managers of the foundation wh	o own 10% or more of t	he stock of a corporation	(or an equally large portion	on of the ownership of a pa	rtnership or
other entity) of which the foundation has <b>NONE</b>	s a 10% or greater inter	est.			
2 Information Regarding Contributi	on Grant Gift Loon	Sobolarobin etc. D		<del></del>	
Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	s to preselected charitable	organizations and does i		
a The name, address, and telephone numl	oer or e-mail address of	the person to whom app	lications should be addres	ssed:	
<b>b</b> The form in which applications should b	e submitted and inform	ation and materials they s	should include:		
c Any submission deadlines:	·			-	
d Any restrictions or limitations on award	s, such as by geographi	cal areas, charitable fields	, kinds of institutions, or	other factors:	

Form **990-PF** (2016)

Form 990-PF (2016) <b>TIKKUN</b>			81-4697	7 <b>711</b> Page 11
PartXV Supplementary Information				
3 Grants and Contributions Paid During the	Year or Approved for Future P	ayment	<del></del>	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	Топрин		
NONE				
<del></del>		<del></del>		
Total			<b>▶</b> 3a	0
b Approved for future payment				
NONE				
		· · · · · · · · · · · · · · · · · · ·		
Total			2h	

	Analysis of Income-Producing Activities
--	---

	Uniciate	d business income		ided by section 512, 513, or 514	-{ (e)
Enter gross amounts unless otherwise indicated.  1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
		<del></del>	_		
å	<del>                                     </del>	— <del></del>	<del> </del>		<del></del>
b			├		
c			<del> </del>		<del> </del>
d			<b>├</b>		
e			<u> </u>		<u> </u>
f			<u> </u>		<u></u>
g Fees and contracts from government agencies			<u> </u>		
2 Membership dues and assessments		_			
3 Interest on savings and temporary cash			1	·	
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:			<del>                                     </del>	<del>                                     </del>	<del>                                     </del>
	<u> </u>		<del> </del>	<del> </del>	<del> </del>
a Debt-financed property	<del></del>		├	<del> </del>	<del> </del>
<b>b</b> Not debt-financed property	<del></del>	<del></del>	├	<del> </del>	<del> </del>
6 Net rental income or (loss) from personal	1 ]			Ì	1
property	ļ		<b>-</b>		<del> </del>
7 Other investment income					
8 Gain or (loss) from sales of assets other	1		ĺ	1	
than inventory			<u>L</u>		
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
	1 1		Ì	)	
ab					
	i i		<u> </u>	<del> </del>	
<u> </u>			<b>-</b>		
d	<del></del>			<del></del>	
e	ARCHINE THE STATE OF		R. Ba	0.	0.
			The state of the state of		
2 Subtotal. Add columns (b), (d), and (e)		<u>.</u>	16.54000.00055		
3 Total. Add line 12, columns (b), (d), and (e)	NAME OF TAXABLE		1. 16.2 年間上旬後5.6	13 _	
			F %C4466,28956		
3 Total. Add line 12, columns (b), (d), and (e)				13	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities t  Line No. Explain below how each activity for which income	o the Acco	mplishment of Exe	empt	13 _ Purposes	0.

Form 99	0-PF (2	016) <b>TIKKU</b>	<u>N</u>				81-46	<u>97711</u>	Pa	age <b>13</b>
Part	XVII			nsfers To	and Transactions a	nd Relationsh	nips With Nonch	aritable		
<del></del>		Exempt Organ				<del></del>			V	No.
					ing with any other organizati		on 501(c) of		res	No
					27, relating to political organ	iizations?		1		
	Cash	from the reporting found	ation to a noncharia	able exempt of	rganization of:			10/1)		х
		assets						1a(1) 1a(2)		X
		sactions:						14(2)		
		of assets to a noncharita	ible exempt organiza	ation				1b(1)		х
		nases of assets from a no						1b(2)		X
(3)		al of facilities, equipment,	•					1b(3)		Х
(4)	Reim	bursement arrangements						1b(4)		Х
(5)	Loan	s or loan guarantees						1b(5)		X
(6)	Perfo	rmance of services or me	mbership or fundra	aising solicitati	ons			1b(6)	L	X
c Sh	arıng o	f facilities, equipment, ma	uling lists, other ass	sets, or paid en	nployees			_1c		X
				_	edule. Column (b) should a				ets,	
					ved less than fair market vali	ue in any transaction	or sharing arrangemen	it, show in		
	<del></del>	the value of the goods,	<del>, _ · · · · _ </del>		_ <del>-</del>	(4)				
(a) Line n	-	(b) Amount involved	(c) Name o		le exempt organization	(0) Description	of transfers, transactions, a	and sharing arra	angemen	its
	$\dashv$		<del> </del>	N/A		<del></del>				
	+		<del> </del>							
	$\dashv$		<del> </del>				<del></del>			
	+-									
	1					<u> </u>				
				·- <u>-</u>						
	<u> </u>									
	<del>_</del>					_				
	_		<b>↓</b>	<del>-</del>						
	-				<del></del>	_				
			<del></del>		<del></del>					
			<del> </del>							
20 10 1	bo four	adation directly or and one	the office to describe on							
		501(c) of the Code (other			e or more tax-exempt organ	izations described		Yes	X	No
		emplete the following sch		5)(5)) OF III 360	MON 327			163		7 140
	100, 00	(a) Name of org			(b) Type of organization		(c) Description of relati	onship		
		N/A			1	<del>                                     </del>	· · ·			
٥.					g accompanying schedules and s n taxpayer) is based on all informa			May the IRS o		
Sign Here		11/15	TOTAL BOOKER WHO I OF DE	roparor (other than				return with the		
Here		11/1			11/4/17	TREASU	JRER	X Yes	L_	No
	Sign	ature of officer or trustee		Denn 3	Date	Title	Chook [ ] if In	IN		
		Print/Type preparer's na	ıme	Preparer's	signature	Date	Check if P1 self- employed	IIN		
Paid		משאיי משאיי	₩¢₩¢₩	DATTE	CM 2 D M CM C 2 T	11/01/17	' '	200102	727	
Prepa	arer	DAVID STAR Firm's name ► FGM		DAVID	STARKSTON	11/01/17	Firm's EIN ► 36	200193	<u> </u>	
Use (		Firm's name <b>F F GM</b>	יעי דור				FIRM'S EIN - 30-	43430	ΟŢ	

Firm's address ► 2801 LAKESIDE DRIVE, 3RD FLOOR BANNOCKBURN, IL 60015

### 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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2016

Name of the organization

Employer identification number

T	IKKUN	81-4697711
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a 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	
·	us covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le See instructions
General Rule		
	on filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling ny one contributor Complete Parts I and II See instructions for determining a contributor	
Special Rules		
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amou Z, line 1 Complete Parts I and II	or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from putions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or education of 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 as exclusively for religious, charitable, etc., purposes, but no such contributions totaled may here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it tole, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box is, charitable, etc ,
but it <b>must</b> answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fin Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fit the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PE)	

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

TIKKUN	Т	I	K	K	Ū	N
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81-4697711

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRUCE BERMAN  2500 MEADOW AVENUE  BOULDER, CO 80304	\$5,000,000.	Person X Payroli  Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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 Onncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

81-4697711 TIKKUN

No. tom Description of noncash property given		ash Property (See instructions). Use duplicate copies of P	a.c., additional opado to flooded	
(a) No. (b) Description of noncash property given   (a) No. (c) FMV (or estimate) (See instructions)  (b) Date received (See instructions)  (c) FMV (or estimate) (See instructions)  (d) Date received (See instructions)  (e) FMV (or estimate) (See instructions)  (f) Date received (See instructions)  (g) Date received (See instructions)  (g) Date received (See instructions)  (g) Date received (See instructions)  (g) Date received (See instructions)  (g) Date received (See instructions)  (g) Date received (See instructions)  (g) Date received (See instructions)  (g) Date received (See instructions)  (g) Date received (See instructions)  (g) Date received (See instructions)  (g) Date received (See instructions)  (g) Date received (See instructions)  (g) Date received (See instructions)  (g) Date received (See instructions)	(a) No. from Part I		FMV (or estimate)	(d) Date received
No. (b) (c) (c) (d) Date received (see instructions)  (a) (a) (a) (b) (b) (c) (c) (d) Date received (see instructions)  (a) (a) (b) (b) (c) (c) (d) Date received (see instructions)  (b) (c) (d) Date received (see instructions)  (a) (a) (b) (c) (c) (d) Date received (see instructions)  (b) (c) (c) (d) Date received (see instructions)  (a) (a) (b) (b) (c) (c) (d) Date received (see instructions)  (b) (c) (d) Date received (see instructions)  (c) (d) Date received (see instructions)  (d) Date received (see instructions)  (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f				
(a) No. Power of the property given (b) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	No. from		FMV (or estimate)	(d) Date received
No. Description of noncash property given  (a) Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) Date received (d)			\$	
(a) No. Torm Description of noncash property given See instructions (See instructions)  (a) No. Torm Description of noncash property given See instructions (See instructions)  (b) FMV (or estimate) (C) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) Date received See instructions (See instructions)  (a) No. Torm Description of noncash property given (C) FMV (or estimate) (See instructions)  (a) No. Torm Description of noncash property given (See instructions)	No. from		FMV (or estimate)	(d) Date received
No. rom Description of noncash property given  (a) No. rom Description of noncash property given  (b) S			\$	
(a) No. rom Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) Date received  (a) No. (b) FMV (or estimate) (see instructions)  (d) Date received  (d) Date received  (see instructions)	No. rom		FMV (or estimate)	(d) Date received
No.   (b)   FMV (or estimate)   (d)   Date received			\$	
(a) No. Om Description of noncash property given (See instructions)  (c) FMV (or estimate) (See instructions)  Date received	No. rom		FMV (or estimate)	(d) Date received
No. (b)  rom Description of noncash property given (See instructions)  Date received			\$	
	No. om		FMV (or estimate)	(d) Date received
			     \$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Employer identification number TIKKUN 81-4697711 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 Pertur completing Part III, enter the total of exclusively religious, charitable, 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 (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) Ño. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (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

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 1
NAME OF CONTRIBUTOR	ADDRESS	
BRUCE BERMAN	2500 MEADOW AVENUE BOULDER, CO 80304	