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

Ford	alen	dar year 2016 or tax year beginning DEC	27, 2016	, and ending	DEC 31, 2016	
Nan	ne of	foundation			A Employer identification	number
		ER FOUNDATION				
_		PENDLETON SQUARE TRUST			82-6126398	
		nd street (or P O box number if mail is not delivered to street	t address)	Room/suite	B Telephone number	205
		3 BEDFORD AVENUE		105	(615)515-1	_ VI
		own, state or province, country, and ZIP or foreign ${ m F}$	ostai code		C If exemption application is p	ending, check here
		all that apply: X Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizátions	check here
u c	HEEK	Final return	Amended return	orritor public charity		
		Address change	Name change		2. Foreign organizations me check here and attach co	eting the 85% test,
H C	heck	type of organization. X Section 501(c)(3) e.	<del></del>		2. Foreign organizations me check here and attach co	tus-was terminated
	] Se	ction 4947(a)(1) nonexempt charitable trust		ation	under section 507(b)(1)	(A), check here
I Fa	ır ma	arket value of all assets at end of year   J   Account	ing method: X Cash	Accrual	F. Bine touchdation is in a	60-fronth termination
		Part II, col (c), line 16) 0	ther (specify)		(under section 507(b)(1)	(B), check hệre ►
		200,008. (Part I, colu	ımn (d) must be on cash	basis)	1 OCOSA	
Pa	irt I	→ (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted het. W.	(d) Disbursements for charitable purposes
	_	necessarily equal the amounts in column (a) )	200,000.		N/A	(cash basis only)
		Contributions, gifts, grants, etc., received	200,000.		N/A	1
	2	Check file foundation is not required to attach Sch. B. Interest on savings and temporary		.38 - 37		*
	4	cash investments  Dividends and interest from securities	8.	8.		STATEMENT 1
	5a	Gross rents				
	b	Net rental income or (loss)	. 1347			<b>3</b> 6.3
•	6a	Net gain or (loss) from sale of assets not on line 10		\$ 25 7		
ž	b	Gross sales price for all assets on line 6a	¥.7.7.	\$`		Ž.
Revenue	7	Capital gain net income (from Part IV, line 2)	1 × 3/5	0.		* *
ш	8	Net short-term capital gain	<u> </u>	4.8		
	9	Income modifications Gross sales less returns		4 5		*
		and allowances		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	, ,	**
		Cross profit or (loss)		* }		<u> </u>
	11	Gross profit or (loss) Other income		1 . ,		8
	12	Total. Add lines 1 through 11	200,008.	8.		1 1
_	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
)	14	Other employee salaries and wages				
,	15	Pension plans, employee benefits				
ses	16a	Legal fees				
Expenses		Accounting fees				
		Other professional fees				
and Administrative	17	Interest				
stra	18	Taxes				
Ë	19 20	Depreciation and depletion Occupancy				** , * _
μþ	21	Travel, conferences, and meetings		<u> </u>		
è	22	Printing and publications				
g	23	Other expenses				
Operating	24	Total operating and administrative				
per		expenses. Add lines 13 through 23	0.	0.		0.
0	25	Contributions, gifts, grants paid	0.			0.
	26	Total expenses and disbursements.				
		Add lines 24 and 25	0.	0.		0.
		Subtract line 26 from line 12	200 000			. "
		Excess of revenue over expenses and disbursements	200,008.	8.	<del>                                     </del>	
		Net investment income (if negative, enter -0-)  Adjusted net income (if negative, enter -0-)	· · · · ·		N/A	
	٠,	najastou net moome (n negative, enter -0-)	1	1		<u> </u>

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Part II Balance Sheets Allached schedules and amounts in the description		Balance Sheets Allached schedules and amounts in the description	Beginning of year	End of year					
<u></u>	arı	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value				
	1	Cash - non-interest-bearing		200,008.	200,008.				
	2	Savings and temporary cash investments							
	3	Accounts receivable >	ÿ	1					
		Less: allowance for doubtful accounts	•						
	4	Pledges receivable ▶							
		Less: allowance for doubtful accounts		to 8 /	, , , , , , , , , , , , , , , , , , ,				
	5	Grants receivable							
		Receivables due from officers, directors, trustees, and other	-						
	ľ	disqualified persons							
	٦,	Other notes and loans receivable		.75.1 3					
	'	Less: allowance for doubtful accounts			in in a				
	١.								
Assets		Inventories for sale or use			<u> </u>				
Ass	1	Prepaid expenses and deferred charges							
•		Investments - U.S. and state government obligations							
		Investments - corporate stock							
	C	Investments - corporate bonds							
	11	Investments - land, buildings, and equipment basis			* :				
		Less accumulated depreciation							
	12	Investments - mortgage loans							
	13	Investments - other							
	14	Land, buildings, and equipment; basis ►							
		Less accumulated depreciation							
	15	Other assets (describe ►)							
	1	Total assets (to be completed by all filers - see the							
		instructions. Also, see page 1, item I)	0.	200,008.	200,008.				
_	17	Accounts payable and accrued expenses							
		Grants payable							
"	19	Deferred revenue							
Liabilities	20		<del></del>						
₫		Loans from officers, directors, trustees, and other disqualified persons	<del></del>						
Ë	1	Mortgages and other notes payable	<del>-</del>						
	22	Other liabilities (describe							
	١.,	Table 19 5 1991 and for different AT the control OO	^	_					
	23	Total liabilities (add lines 17 through 22)	0.	0.					
		Foundations that follow SFAS 117, check here							
Ś		and complete lines 24 through 26 and lines 30 and 31.							
Balances	1	Unrestricted							
ā	25	Temporarily restricted							
	26	Permanently restricted							
Net Assets or Fund		Foundations that do not follow SFAS 117, check here							
Ē		and complete lines 27 through 31.							
S	27	Capital stock, trust principal, or current funds	0.	0.	` <i>''</i> ¾, .				
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.					
As	29	Retained earnings, accumulated income, endowment, or other funds	0.	200,008.					
Ě	30	Total net assets or fund balances	0.	200,008.	li var				
_					*****				
	31	Total liabilities and net assets/fund balances	0.	200,008.	· *: (				
		Analysis of Changes in Net Assets or Fund B	alances						
Р	art	Analysis of Changes in Net Assets of Fund B	alances						
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30						
	(mus	st agree with end-of-year figure reported on prior year's return)		1	0.				
2	Ente	r amount from Part I, line 27a		2	200,008.				
3	Othe	r increases not included in line 2 (itemize)		3	0.				
4	Add	lines 1, 2, and 3		4	200,008.				
5	Decr	eases not included in line 2 (itemize)		5	0.				
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	200,008.				
			·		Form <b>990-PF</b> (2016)				

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	nd Losses for Tax		t Income	17531					
	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)		( <sub>D</sub> )			(c) Date a (mo., da		(d) Date sold (mo., day, yr.)	
			- <del></del>	+ -	Done	ation			<del></del>
b NON	IE .							—	
C									
d									
e									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ın or (loss) (f) mınus (	
a									
b									
С									
d									<del></del>
е			10101100						
Complete only for assets showing		<del> </del>				(	I) Gains (Co I. (k), but n	ol. (h) gain ot less than	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (1) r col. (j), if any					from col (	
a							<u> </u>		
b								-	_
C									
d									
e						1			
2 Capital gain net income or (net cap	ital loss) { If gain, als	o enter in Part I, line nter -0- in Part I, line	: 7 <del>:</del> 7	}	2				
3 Net short-term capital gain or (loss	as defined in sections 122	2(5) and (6):							
If gain, also enter in Part I, line 8, c		_(-, (-,.		}					
If (loss), enter -0- in Part I, line 8				للِـــ	3				·
Part V   Qualification Ur	nder Section 4940(e	e) for Reduce	d Tax on Net	Inv	estn	nent In	come		
(For optional use by domestic private	foundations subject to the s	ection 4940(a) tax o	n net investment ir	ncome	e.)				N/A
If section 4940(d)(2) applies, leave thi	s part blank.								
( , , , , , , , , , , , , , , , , , , ,	·								
Was the foundation liable for the section			•	LIOGS					Yes No
If "Yes," the foundation does not qualif  Enter the appropriate amount in ea				ntries		· -			
(a)		<del></del>	T Taking any t						(d)
Base period years Calendar year (or tax year beginning	A alaka al.aal.al.al.	b) ing distributions	Net value of no	(c) oncha		use assets	s   (	Distrib col. (b) div	(d) oution ratio ided by col. (c))
2015	9 111)						<del></del>	(-,	
2014									
2013									
2012								-	
2011					-				
			•	-					
2 Total of line 1, column (d)							2		
3 Average distribution ratio for the 5	year base period - divide the	e total on line 2 by 5	, or by the number	r of ye	ars				
the foundation has been in existent	ce if less than 5 years						3		
4 Enter the net value of noncharitable	e-use assets for 2016 from F	Part X, line 5					4		
5 Multiply line 4 by line 3							5		
6 Enter 1% of net investment income	a (1% of Part Lline 27h)						6		
C FINGLENG OF NECTURESHINGHING INCOME	, (170 OTT AILT, IIIIC 270)						"		
7 Add lines 5 and 6							7		
8 Enter qualifying distributions from	Part XII, line 4						8		
If line 8 is equal to or greater than I See the Part VI instructions	ine 7, check the box in Part	VI, line 1b, and com	plete that part usir	ng a 1	% tax	rate			

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Pa	rt VI Excise Tax Based on Investment Income (Section 494	0(a), 4940(b), 494	0(e), or 4	948	- see in	stru	ctior	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and e	enter "N/A" on line 1.	)			, š,		38 8
	Date of ruling or determination letter (attach copy of letter if nec	cessary-see instructions)		1				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	➤ and enter 1%	<b>)</b>	1				0.
	of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	6 of Part I, line 12, col (b)	. J					<u>.</u>
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)		2	Î ^		• •	Ô.
3	Add lines 1 and 2	,		3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only 0	Others enter -O-)		4				0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	,		5				0.
	Credits/Payments							
	2016 estimated tax payments and 2015 overpayment credited to 2016	6a						` # 4
	Exempt foreign organizations - tax withheld at source	6b		1				
	Tax paid with application for extension of time to file (Form 8868)	6c		1				1 1
	Backup withholding erroneously withheld	6d		1				i ş
	·	00 1		7				0.
	Total credits and payments. Add lines 6a through 6d							<del>- • •</del>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	acnea		8				0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9				<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1-		10	ļ			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	Re	funded ➤	11	<u> </u>			
	rt VII-A   Statements Regarding Activities				<del></del>		V I	NI-
	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate	or intervene	ın	-		Yes	
	any political campaign?				<u> </u>	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpor				-	1b	737	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities a	and copies of any mate	nals publisi	hed or		200	<b>#</b> %	200
	distributed by the foundation in connection with the activities							
C	Did the foundation file Form 1120-POL for this year?					1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	e year:						
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers	s <b>&gt;</b> \$	0.	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendi	liture tax imposed on foun	dation					
	managers ► \$0 .				ļ			
	Has the foundation engaged in any activities that have not previously been reported to the II	RS?				2		X
	If "Yes," attach a detailed description of the activities				1	` ,	. ,	ځ , د
	Has the foundation made any changes, not previously reported to the IRS, in its governing in bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	-	orporation, o	or	:	3	` , ` i	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year				}	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	•		N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	2		14	' <i>'</i>	5		X
	If "Yes," attach the statement required by General Instruction T	•			ŀ	7 6	, 🆫	
		uthor				F 2	, ,	- West 1
U	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	illier.				3 83	, ,	
	By language in the governing instrument, or							* 3
	By state legislation that effectively amends the governing instrument so that no mandator	ry directions that conflict v	vitn the state	e iaw	1	ا ۱		, ,
	remain in the governing instrument?				-	6	X	
1	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	mplete Part II, col (c), a	and Part XI	/	[	7	X	<u> </u>
					1	`` \$		4.3
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) ►					•	3 .:
	TN				i			3 '
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or desig	nate)		K	2.		
	of each state as required by General Instruction G? If "No," attach explanation				<u> </u>	8b	Х	V .
	Is the foundation claiming status as a private operating foundation within the meaning of se		j)(5) for cale	endar	-	Ĭ	4	**************************************
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV						9 İ		X
					L			
10	Did any persons become substantial contributors during the tax year? If "Yes" attach a schedu		resses	_		10	X	(2016)

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Part VII-A | Statements Regarding Activities (continued)

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	<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)	11		Х
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	Х	
Website address ► N/A			·
14 The books are in care of ▶ PENDLETON SQUARE TRUST COMPANY, LLC Telephone no. ▶ (615)	515-	120	5
Located at ▶ 3803 BEDFORD AVENUE, STE 105, NASHVILLE, TN ZIP+4 ▶3			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	
and enter the amount of tax-exempt interest received or accrued during the year	N	/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		Х
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	**	Kondi.	
foreign country	. 3	\$ \$	
Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	334	Yes	No
1a During the year did the foundation (either directly or indirectly)	(XX.)	\$	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	\$7. V		1
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?			, 3
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			å /
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			ş
(5) Transfer any income or assets to a disqualified person (or make any of either available			
for the benefit or use of a disqualified person)?		0.5%	
(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			7.7%.000.000.000.000.000.000.000.000.000
termination of government service, if terminating within 90 days.)			Ž
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			Z
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			
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			3. >
before the first day of the tax year beginning in 2016?	10		Ŷ
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		š	***
defined in section 4942(j)(3) or 4942(j)(5))		, 3	\$
a At the end of tax year 2016, did the foundation have any undistributed income (fines 6d and 6e, Part XIII) for tax year(s) beginning		. 38.3	te de
before 2016? Yes X No	ŀ	**	4
If "Yes," list the years ▶ , , , , ,		, §	u.
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			·
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			176
statement - see instructions.) N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
<b>•</b> , , , , , , , , , , , , , , , , , , ,		×,	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	`	***	
during the year? $igsquare$ Yes $igsup X$ No			~
b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	∜ ,	*	
of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	»R	* *	,
Form 4720, to determine if the foundation had excess business holdings in 2016)  N/A	3ь	*	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	-	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	- <del></del>	<b></b>	· ·
had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		Х
	orm <b>99</b> 0	)-PF	

. HAVER FOUNDATION				
Form 990-PF (2016) C/O PENDLETON SQUARE TRU			82-61263	98 Page <b>6</b>
Part VII-B Statements Regarding Activities for Which I	orm 4/20 May Be F	tequirea (contin	ued)	
<ul><li>5a During the year did the foundation pay or incur any amount to:</li><li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section)</li></ul>	1045(0)\0		es X No	
(2) Influence the outcome of any specific public election (see section 4955); of		<del></del> -	es [A] NO	
any voter registration drive?	r to carry on, directly or indire		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	ń		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization		10	S LALINO	
4945(d)(4)(A)? (see instructions)	n described in Section		es X No	l j
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or adventional nurnesse, or f		es [A] NO	
the prevention of cruelty to children or animals?	or educational purposes, or i		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify une	for the excentions described i	·	25 21 110	
section 53 4945 or in a current notice regarding disaster assistance (see instru	•	ii riegulations	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ned		
expenditure responsibility for the grant?			es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 494		.,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	1 /			
a personal benefit contract?	pay promising on		es X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?		1	6b X
If "Yes" to 6b, file Form 8870	orgonal bonom contract		H	<del></del>
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No	
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribu			<u> </u>	7b *****
Part VIII Information About Officers, Directors, Trust		nagers, Highl		
Paid Employees, and Contractors	,	3, 1, 3, 1,	•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
( ) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowances
	BANK TRUSTEE			
3803 BEDFORD AVENUE, STE 105				
NASHVILLE, TN 37215	1.00	0.	0.	0.
MAURINE A. HAVER	INDIVIDUAL TR	USTEE		
251 E. 51ST STREET, APT 16M				
NEW YORK, NY 10022	1.00	0.	0.	0.
· · · · · · · · · · · · · · · · · · ·				
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	U(d) a	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and delerred compensation	(e) Expense account, other
	hours per week devoted to position	(0)	compensation	allowances
NONE				
				· · · · · · · · · · · · · · · · · · ·
- 1 1		L		
Total number of other employees paid over \$50,000	<u></u>		<u> </u>	0 000 DE (0040)
			Form	<b>990-PF</b> (2016)

HAVER FOUNDATION			
Form 990-PF (2016) C/O PENDLETON SQUARE TRUST	COMPANY LLC	82-6126	398 Page 7
Part VIII Information About Officers, Directors, Trustee Paid Employees, and Contractors (continued)	s, Foundation Managers	, Highly	
3 Five highest-paid independent contractors for professional services. I	f none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000		pe of service	(c) Compensation
NONE			
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>	0
Part IX-A   Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include	relevant statistical information such	as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research	ch papers produced, etc		
1 N/A			
2			
3			
•			
4			
	·		
Part IX-B   Summary of Program-Related Investments			·
Describe the two largest program-related investments made by the foundation during t	he tax year on lines 1 and 2.		Amount
1 N/A	, ,		-
•	<del></del>		
2			
All other program-related investments. See instructions.			
3			

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Total. Add lines 1 through 3

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Ŗ	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	160,006.
C	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	160,006.
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	160,006.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,400.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	157,606.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	108.
P	art XI. Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	108.
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.)  2b		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	108.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	108.
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	108.
	art XII <sup>*</sup> Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		•
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0.
	Program-related investments - total from Part IX-B	1b	0.
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	.386.	
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	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.	ualifies for t	he section

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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,	,	i	,		
	line 7	, ^>		,		108.
2	Undistributed income if any, as of the end of 2016	31 32 33 3		\$ *		
а	Enter amount for 2015 only		**************************************	0.		
b	Total for prior years		0.			
3	Excess distributions carryover, if any, to 2016		4 3.7 4 . 3.			
	1From 2011			*		
	From 2012			,		
	From 2013		The second contact by	<b>.</b>		
(	IFrom 2014			Ĵ,*		
e	From 2015		, , , , , , , , , , , , , , , , , , ,	* . <sup>\$</sup>	ž.	¥
f	Total of lines 3a through e	] ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	, , , , , , , , , , , , , , , , , , , ,		*	
4	Qualifying distributions for 2016 from			/	l	
	Part XII, line 4: ►\$ 0.					
a	Applied to 2015, but not more than line 2a			0.		
t	Applied to undistributed income of prior			3243 3		
	years (Election required - see instructions)		0.	122		
C	Treated as distributions out of corpus			2 90 Av.		
	(Election required - see instructions)	0.		× .	`	
(	Applied to 2016 distributable amount		* *	k* 2		0.
e	Remaining amount distributed out of corpus	0.				
5	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:		2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /			
a	Corpus Add lines 3f 4c and 4e Subtract line 5	0.				
t	Prior years' undistributed income Subtract	. *				
	line 4b from line 2b	, ,	0.			
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.	**		
	Subtract line 6c from line 6b. Taxable	8 8 / 2 8		*		
	amount - see instructions		0.	` ` `		
e	Undistributed income for 2015. Subtract line			<u> </u>		
	4a from line 2a Taxable amount - see instr.	, , ,		0.	, ,	
f	Undistributed income for 2016. Subtract			" Day was 1		
	lines 4d and 5 from line 1. This amount must					
	be distributed in 2017	\$ `, , ,	ч	* .		108.
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.	\$\frac{1}{2}	8 //	,	
8	Excess distributions carryover from 2011					
	not applied on line 5 or line 7	0.		<u> </u>		
9	Excess distributions carryover to 2017.					
	Subtract lines 7 and 8 from line 6a	0.	v			
	Analysis of line 9	, , ,	* ,			
	Excess from 2012			,		
	Excess from 2013		⟨→ * * *			
	Excess from 2014		3 /			
	Excess from 2015		,			
- 6	Excess from 2016				L	

HAVER FOUNDATION Form 990-PF (2016) C/O PENDLETON SQUARE TRUST COMPANY LLC 82-6126398 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling 4942(j)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (a) 2016 (b) 2015 (c) 2014 (d) 2013 (e) Total income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 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 c "Support" alternative test - enter; (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) MAURINE A. HAVER b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here  $\triangleright X$  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

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c Any submission deadlines:

b The form in which applications should be submitted and information and materials they should include:

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

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Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ear or Approved for Future f	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	Contribution	
a Paid during the year			-	
NONE				
NONE				
	'			
			1	
Total			<b>▶</b> 3a	0.
b Approved for future payment				
MONB				
NONE				
···				
Total	<u> </u>	L	<b>▶</b> 3b	0

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Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.		business income		ed by section 512, 513 or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue	code	Amount	code	Amount	function income
a					
b			<del> </del>		
c	<b></b>	<del></del>	<b></b>		
d					
e					
	<b></b>		+		
g Fees and contracts from government agencies	<b>-</b>		1		<u> </u>
2 Membership dues and assessments	<b>-</b>		+-+		
3 Interest on savings and temporary cash	1		1 1		
investments			14	8.	<del></del>
4 Dividends and interest from securities	2 . 42	*, &,	14		
5 Net rental income or (loss) from real estate:	<i>.</i> ♦: <i>ž</i>	- 2 1	4	•	*
a Debt-financed property			1		<del></del>
b Not debt-financed property			++		
6 Net rental income or (loss) from personal	1				
property			1 1		<u> </u>
7 Other investment income	1		+-+		
8 Gain or (loss) from sales of assets other					
than inventory			<del>  -</del>		
9 Net income or (loss) from special events			+	<del></del> -	
10 Gross profit or (loss) from sales of inventory	-		-	<del></del>	<del></del>
11 Other revenue					
<b>a</b>			+		
b	· · · · · · · · · · · · · · · · · · ·		+		
<u> </u>	<del>                                     </del>		╁╼┼	<del></del>	
d	<b></b>		┼┼	<del></del>	
6 10 Cubatal Add salumns (b) (d) and (a)		0	. 8	8.	0.
12 Subtotal. Add line 12 columns (b), (d), and (e)	4 . 1	0.	•   🐔	13	8.
13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	
				<del> </del>	
Part XVI-B Relationship of Activities t	o the Acco	mplishment of E	xempt	Purposes	
Line No. Explain below how each activity for which inco	me is reported in	column (e) of Part XVI-	A contribu	ited importantly to the acco	mplishment of
▼ the foundation's exempt purposes (other than					,
· · ·					
				· · · · · · · · · · · · · · · · · · ·	
	-		•		
		·			
	···				
		=			
	-	_			

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of

Yes No

# Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

the Code	(other than section 501(c)	(3) organizations) o	r ın section 52	27, relating to political orgai	nizations?			1 %
a Transfers	from the reporting founda	ition to a noncharita	ble exempt or	ganization of:				
(1) Cash	1						1a(1)	X
(2) Othe	r assets						1a(2)	X
<b>b</b> Other trai	nsactions:							, *
(1) Sale:	s of assets to a noncharital	ble exempt organiza	tion				1b(1)	X X
	hases of assets from a nor						1b(2)	X
	al of facilities, equipment,	•	<b>3</b>				1b(3)	X
, ,	nbursement arrangements						1b(4)	X
	s or loan quarantees						1b(5)	<u> </u>
, ,	ormance of services or me	mherchin or fundras	eina ealicitatio	ine			1b(6)	$\frac{1}{x}$
	of facilities, equipment, mai		=				10(0)	$\frac{x}{x}$
_				• •	luovo chou the foir r	narket value of the goods,		
								15,
	<b>d)</b> the value of the goods, (			eu 1622 man ian market var	ue ili aliy transactioi	n or sharing arrangement, s	illow III	
(a)Line no	(b) Amount involved			e exempt organization	(d) p		-1	
(d)Line no	(u) Amount involved	(c) Name of		e exempt organization	(U) Description	n of transfers, transactions, and	sharing arra	ngements
			N/A					
		_						
					<del></del>			
								<del></del>
				<del>-</del> .	_	· · · · · · · · · · · · · · · · · · ·	<del></del>	
							<del></del>	
								<del></del>
				or more tax-exempt organ	izations described	_	<del></del> 1	[TE]
	501(c) of the Code (other		(3)) or in sect	ion 527?		L	Yes	X No
b If "Yes," c	omplete the following sche			· · · · · · · · · · · · · · · · · · ·				
	(a) Name of org	anization		(b) Type of organization		(c) Description of relations	hib	
	N/A							
	.,							
Under	palties of the jury, indeclare t	hat I have examined the	return, includin	h acampanying schedules and n taxage had seen amniori	statements and to the	best of my knowledge	y the IRS dis	scues this
Sign and to	ENGT NEWS APPROCE TO SECURE	10 100 GOLDEN	MADE	n takend Market Mattyniorr	nation of which prepare	r has any knowledge retu	urn with the i	preparer
Here	Par Coler 1.	is 1.TO		5-15-201	TRUSTI		own below (s X Yes	No No
Sign	nature of officer of trustee	NO, 010		Date	Title		162	NO
	Print/Type preparer's na	me	Preparer's si		Date	Check If PTIN		
	Trans Typo proparer 5 lla	1110		rdeise to	Date	self- employed		
Paid	CIVATORIT A D	ANDEDGON			05/15/17	· •	07200	\ F 2
-			CAMEHT	A T. ANDERS	05/15/17		$\frac{07390}{10070}$	
Preparer	Firm's name ► LBM	C, PC				Firm's EIN ► 62-1	т9975	) /
Use Only								
	Firm's address ▶ P.							
	BR:	ENTWOOD,	TN 370	24-1869		Phone no (615)	<u> 377 - 4</u>	1600
						F	orm <b>990</b> -	<b>-PF</b> (2016)

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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.

OMB No 1545-0047

2016

Employer identification number

HAVER FOUNDATION C/O PENDLETON SQUARE TRUST COMPANY LLC 82-6126398 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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, or (ii) Form 990-EZ, line 1 Complete Parts I and II 🔲 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990 PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork 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
HAVER FOUNDATION

Employer identification number

82-6126398

C/0	PENDLETON	SQUARE	TRUST	COMPANY	LLC	
				_		

(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
MAIIDINE A HAND	• • • • • • • • • • • • • • • • • • •	+
MAURINE A. HAVER  60 E. 42ND STREET, SUITE 3310  NEW YORK, NY 10165	\$\$	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
	NEW YORK, NY 10165  (b)  Name, address, and ZIP + 4   NEW YORK, NY 10165  (b) Name, address, and ZIP + 4  (c) Total contributions  \$  (d) Name, address, and ZIP + 4  (e) Total contributions  \$  (f) Name, address, and ZIP + 4  (h) Name, address, and ZIP + 4	

Name of organization

HAVER FOUNDATION

C/O PENDLETON SQUARE TRUST COMPANY LLC

Employer identification number

82-6126398

Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
	\$					
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
	s					
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
	\$					
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
	s					
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
	(b) Description of noncash property given   (b) Description of noncash property given  (c) FMV (or estimate) (See instructions)  (d) FMV (or estimate) (See instructions)  (e) FMV (or estimate) (See instructions)  (f) FMV (or estimate) (See instructions)  (g) FMV (or estimate) (See instructions)  (h) Description of noncash property given  (c) FMV (or estimate) (See instructions)  (d) FMV (or estimate) (See instructions)  (e) FMV (or estimate) (See instructions)  (f) FMV (or estimate) (See instructions)  (g) FMV (or estimate) (See instructions)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions)					

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
PENDLETON SQUARE TRUST	8.	0.	8.	8.	
TO PART I, LINE 4	8.	0.	8.	8.	