| Form 990-T  | Exempt Orga   | NDED TO NOV<br>nization Bus<br>nd proxy tax und | sine        | ss Inco                               | me T             | ax Returr         | -              | OMB No. 1545-0687  |  |
|---|---|---|-------------|---------------------------------------|------------------|-------------------|----------------|--|--|
|   | For calendar year 2016 or other tax year beginning and ending               |   |             |                                       |                  |                   |                |  |  |
|   |   | orm 990-T and its instru                        | ctions i    |                                       |                  | ov/form990t.      | -              | 2016   |  |
| Department of the Treasury<br>Internal Revenue Service                  | partment of the Treasury  |   |             |                                       |                  |                   |                |  |  |
| A Check box if address changed  | Name of organization (  | Check box if name c                             | hanged      | l and see instru                      |                  |                   | D Employ       | yer identification number<br>lyees' trust, see<br>tions) |  |
| B Exempt under section  | Print C/O HELLAM  |   |             |                                       |                  |                   |                | L-1732102  |  |
| 501( )( )   | Number, street, and roor  |   | -           |                                       |                  |                   |                | ted business activity codes structions)                  |  |
| 408(e) 220(e)   | <u> </u>  |   |             |                                       |                  |                   |                | ·  |  |
| 408A 530(a)   | 1 1 1   | vince, country, and ZIP o                       | r foreig    | n postal code                         |                  |                   |                |  |  |
| 529(a)  | BELLEVUE, W   |   |             |                                       |                  |                   | 5239           | )20  |  |
| C Book value of all assets  | F Group exemption number (See   |   |             | ¥   5044 11                           |                  | [-] (a)           |                | 7 04   |  |
|   | G Check organization type   | 501(c) corporatio                               |             | X 501(c) tru                          |                  | 401(a) trust      | CUTI           | ] Other trust  |  |
|   | on's primary unrelated business act<br>s the corporation a subsidiary in an |   |             |                                       |                  | D FAKTNER         | Yes            |  |  |
|   | and identifying number of the pare  |   | เนาชนบร     | nulai y CUNTONE                       | ա ցւսսը (        | ▶ l               | Tes            | INU لـمــا   |  |
|   | f HELLAM VARON  |   |             |                                       | Telenh           | one number > 4    | 25-4           | 153-9192   |  |
|   | ed Trade or Business Inc  |   | ,           | (A) Inco                              |                  | (B) Expense:      |                | (C) Net  |  |
| 1a Gross receipts or sa   | <del></del>   |   |             |                                       |                  |                   |                |  |  |
| <b>b</b> Less returns and allo  | owances   | c Balance                                       | 1c          |                                       |                  | ·                 |                | 7.   |  |
| 2 Cost of goods sold (  | Schedule A, line 7)   |   | 2           |                                       |                  |                   | · .            | * * *  |  |
| 3 Gross profit. Subtrai   | * *   |   | 3           |                                       |                  | ,                 |                |  |  |
| 4a Capital gain net inco  | ,   | • •   | 4a          | 9                                     | ,461.            |                   |                | 9,461.   |  |
|   | n 4797, Part II, line 17) (attach Forr                                      | n 4797)   | 4b          |                                       |                  |                   |                |  |  |
| c Capital loss deduction  | -   |   | 4c          |                                       | 600              | 7 7 7             |                | 16 600   |  |
| 5 Income (loss) from  | partnerships and S corporations (at   | tach statement)                                 | 5           | 16                                    | ,609.            |                   |                | 16,609.  |  |
| Rent income (Sched  |   |   | 7           |                                       |                  |                   |                |  |  |
| - Unitaleu deul-iinan<br>- Interset annuitise r                         | ced income (Schedule E)<br>cyalties, and rents from controlled (            |   | 8           |                                       |                  |                   |                |  |  |
|   | of a section 501(c)(7), (9), or (17) o                                      |   | <del></del> | <del></del>                           |                  |                   |                |  |  |
| 40 Exploited exempt ac  | tivity income (Schedule I)  | gamaaaon (Ooneddie G)                           | 10          |                                       |                  |                   |                |  |  |
| 11 Advertising income   |   | • • • • • • •                                   | 11          |                                       |                  |                   |                |  |  |
| <b>.</b>  | nstructions; attach schedule)   |   | 12          |                                       |                  |                   |                |  |  |
| 13 Total. Combine line  | s 3 through 12  |   | 13          | 26                                    | ,070.            |                   |                | 26,070.  |  |
| Part II Deduction   | ons Not Taken Elsewhe   | re (See instructions fo                         | or limita   | ations on dec                         | lùctions.)       |                   | -              |  |  |
|   | contributions, deductions mus   | · · · · · · · · · · · · · · · · · · ·           | d with      | the unrelated                         | busines:         | s income.)        | <del>, ,</del> |  |  |
| •   | fficers, directors, and trustees (Sch                                       | edule K)  |             | · · · · · F                           | <u>anamas ma</u> |                   | 14             |  |  |
| 15 Salaries and wages   | •   |   | -           | .                                     |                  | CEIVED,           | 15             |  |  |
| 16 Repairs and mainte   | nance .   |   |             | · · · · · · · · · · · · · · · · · · · | Lucitor Variable | Managar Carre     | 16             |  |  |
| 17 Bad debts  | adula)  |   |             | <b>S</b>                              | {  MO∀           | 2 0 2017          | 17             |  |  |
| <ul><li>18 Interest (attach sch</li><li>19 Taxes and licenses</li></ul> |   |   | •           | -                                     |                  |                   | 19             |  |  |
|   | tions (See instructions for limitation                                      | crules) SጥልጥድMቹ                                 | יייתי       | 13                                    | UG               | DEN, UT           | 20             | 12,535.  |  |
| 21 Depreciation (attacl   |   | DIFILITE  |             |                                       | 21               | <del></del>       |                | <u> </u>   |  |
| •   | laimed on Schedule A and elsewhe  | re on return                                    | •           |                                       | 22a              |                   | 22b            |  |  |
| 23 Depletion  |   |   |             |                                       | <b>I</b>         | <del>-</del>      | 23             |  |  |
|   | ferred compensation plans   |   | •           | •                                     |                  |                   | 24             |  |  |
| 25 Employee benefit p   | ·   |   |             |                                       |                  |                   | 25             |  |  |
| 26 Excess exempt exp  | enses (Schedule I)  |   |             |                                       |                  |                   | 26             |  |  |
| 27 Excess readership  | costs (Schedule J)  |   |             |                                       |                  |                   | 27             |  |  |
| 28 Other deductions (a  |   |   |             |                                       |                  |                   | 28             |  |  |
|   | Add lines 14 through 28   |   |             |                                       |                  | ••                | 29             | 12,535.  |  |
|   | taxable income before net operatin  |   | ct line 2   | 9 from line 13                        |                  | -                 | 30             | 13,535.  |  |
| •   | deduction (limited to the amount on   | •   |             |                                       |                  | -                 | 31             | 40 50-   |  |
| 32 Unrelated business   | taxable income before specific ded  |   |             | 30 .                                  |                  | -                 | 32             | 13,535   |  |
|   | (Generally \$1,000, but see line 33 ii                                      | · · · · · · · · · · · · · · · · · · ·           |             | 461                                   |                  |                   | 33             | 1,000.   |  |
| 33 Specific deduction   |   |   |             | anna lina 20 a                        | ntar tha an      | tollar of tare or | . 1            |  |  |
| 33 Specific deduction   | s taxable income. Subtract line 33  | from line 32. If line 33 is                     | greater     | man ine 32, e                         | mer me sn        | ialier of zero or | 34             | 12,535.  |  |

15051106 754390 8370

Form 990-T (2016)

P00016713

(425)453 - 9192

91-1223179

Preparer

**Use Only** 

1750 112TH AVENUE NE, SUITE E200

Firm's name > HELLAM, VARON & CO.

Firm's address 
BELLEVUE, WA 98004

CYNTHIA H. PETRIE

Firm's EIN

| Schedule A - Cost of Goods  | S Sold. Enter r         | nethod of inver  | ntory va | aluation > N/A  | · · · · · · · · · · · · · · · · · · · |   |                    |  |             |
|---|-------------------------|--|----------|---|---------------------------------------|---|--------------------|--|-------------|
| 1 Inventory at beginning of year  | 1                       |  | Т-       | Inventory at end of year  | r                                     |   | 6                  |  |             |
| 2 Purchases   | . 2                     |  | 7        | Cost of goods sold. Su  | btract li                             | ne 6  |                    |  |             |
| 3 Cost of labor   | 3                       |  |          | from line 5. Enter here a   | and in F                              | Part I,   | ł                  | 1  |             |
| 4a Additional section 263A costs  |                         | <del>"</del>   | line 2   |   |                                       |   | 7                  |  |             |
| (attach schedule)   | 4a_                     |  | 8        | Do the rules of section :   | 263A (v                               | vith respect to   |                    | Υ  | es No       |
| <ul><li>Other costs (attach schedule)</li></ul>   | 4b                      |  |          | property produced or a  | cquired                               | for resale) apply to                                    |                    |  |             |
| 5 Total. Add lines 1 through 4b   | 5                       |  |          | the organization?   |                                       |   |                    |  |             |
| Schedule C - Rent Income (<br>(see instructions)  | (From Real I            | Property an  | d Per    | sonal Property I  | Lease                                 | ed With Real Pro  | per                | ty)<br>  |             |
| 1. Description of property  |                         |  |          |   |                                       |   |                    |  |             |
| (1)   |                         |  |          |   |                                       |   |                    |  |             |
| (2)   |                         |  |          |   |                                       |   |                    |  |             |
| (3)   |                         |  |          |   |                                       |   |                    |  |             |
| (4)   |                         |  |          |   |                                       |   |                    |  |             |
|   | 2. Rent receive         | d or accrued   |          |   |                                       |   |                    |  |             |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50% | than                    | ` of rent for p  | personal | onal property (if the percenta<br>property exceeds 50% or if<br>ed on profit or income) | ge                                    | 3(a) Deductions directi<br>columns 2(a) a               | ly conn<br>and 2(b | ected with the inco<br>) (attach schedule)         | me in       |
| (1)   |                         |  |          |   |                                       |   |                    |  |             |
| (2)   |                         |  |          |   |                                       |   |                    |  |             |
| (3)   |                         |  |          |   |                                       |   |                    |  |             |
| (4)   |                         |  |          |   |                                       |   |                    |  |             |
| Total   | 0.                      | Total  |          |   | 0.                                    |   |                    |  |             |
| (c) Total income. Add totals of columns 2   |                         | er   |          |   |                                       | (b) Total deductions.  Enter here and on page 1.        |                    |  |             |
| here and on page 1, Part I, line 6, column<br>Schedule E - Unrelated Deb                                  |                         | Income (see  | unotru   | ations)   | 0.                                    | Part I, line 6, column (B)                              | <u> </u>           |  | 0.          |
| Conduct Confidence Des  | or i manoca             | income (see  |          | Gross income from   |                                       | 3. Deductions directly control debt-finan               |                    |  |             |
| 1. Description of debt-financed property  |                         |  |          | or allocable to debt-<br>financed property  |                                       | Straight line depreciation (attach schedule)            |                    | (b) Other deductions<br>(attach schedule)          |             |
| (1)   |                         |  |          |   |                                       |   |                    |  |             |
| (2)   |                         |  |          |   |                                       |   |                    |  |             |
| (3)   |                         |  |          |   |                                       |   |                    |  |             |
| (4)   |                         |  |          |   |                                       |   |                    |  |             |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)            | of or all<br>debt-finan | idjusted basis<br>ocable to<br>ced property<br>schedule) | 6        | Column 4 divided<br>by column 5   |                                       | 7. Gross income reportable (column 2 x column 6)        |                    | 8. Allocable de<br>(column 6 x total<br>3(a) and 3 | of columns  |
| (1)   |                         |  |          | %   |                                       |   |                    |  |             |
| (2)   |                         |  |          | %   |                                       |   |                    |  |             |
| (3)   |                         | · · · · · · · · · · · · · · · · · · ·                    |          | %   |                                       | <del></del>   |                    | <u>.</u>   | <del></del> |
| (4)   |                         |  |          | %   |                                       |   |                    |  |             |
|   |                         |  |          |   |                                       | nter here and on page 1,<br>Part I, line 7, column (A). |                    | Enter here and on<br>Part I, line 7, colu          |             |
| Totals  |                         |  |          | <b>&gt;</b>   |                                       | 0   |                    |  | 0.          |
| Total dividends-received deductions inc   | cluded in column        | 8  |          |   |                                       | <b>&gt;</b>   | <b>&gt;</b>        |  | 0.          |
|   |                         |  | -        |   |                                       |   |                    | Form 99  | 0-T (2016   |

|                          | edule F - Interest,                  |  |                                   |                        | nd Rent  | s From Co  |   |  | atio  | 91-17<br><b>15</b> (see ins | struction                  | ns) Page   |
|--------------------------|--------------------------------------|--|-----------------------------------|------------------------|--|--|---|--|---|-----------------------------|----------------------------|--|
|                          |                                      |  |                                   |                        | Exempt (   | Controlled O   | rganizatı   | ons  |   |                             |                            |  |
|                          | Name of controlled organization      | tion                                     | 2. Em<br>Identifi<br>num          | cation                 |  | inrelated income 4. Totalee instructions) payri  |   | al of specified<br>nents made                                    | Part of column 4 that included in the controllin-<br>organization's gross incon |                             | rolling                    | Deductions directly<br>connected with income<br>in column 5                      |
| (1)                      |                                      |  |                                   |                        | 1  |  |   |  | <del> </del>  |                             | <del>+</del>               | <del></del>  |
| <u>(1)</u><br><u>(2)</u> |                                      |  |                                   |                        | <del>                                     </del>           |  |   |  | ļ —   | <u></u>                     |                            |  |
| <u>(3)</u>               |                                      |  |                                   |                        |  |  |   |  | <del> </del>  |                             |                            |  |
| (4)                      |                                      |  |                                   |                        | † ·  |  |   |  | <del>                                     </del>                                |                             |                            |  |
|                          | xempt Controlled Organi              | zations                                  | L                                 |                        |  |  | <u> </u>  |  | <u> </u>  |                             |                            |  |
| 110116                   | 7 Taxable Income                     |  | nrelated incon                    | no (loos)              | O Total  | of execution one   | to  | 10. Part of colu   |   | t in included               | 44 D                       |  |
|                          | , Taxable mounts                     |  | ee instruction:                   |                        | 9. 100   | of specified pays<br>made  | neris   | in the controll  | ing orgai<br>s income   | nization's                  |                            | eductions directly connected<br>h income in column 10                            |
| (1)                      |                                      |  |                                   |                        |  |  |   |  |   |                             |                            |  |
| (2)                      |                                      |  |                                   |                        |  |  |   |  |   |                             |                            |  |
| (3)                      |                                      |  |                                   |                        |  |  |   |  |   |                             |                            |  |
| (4)                      |                                      |  |                                   |                        |  |  |   |  |   |                             |                            |  |
|                          |                                      |  |                                   |                        |  |  |   | Add colur<br>Enter here and<br>line 8,                           |   | e 1, Part I,                | i .                        | dd columns 6 and 11<br>here and on page 1, Part I,<br>line 8, column (B).        |
| <u>Totals</u>            |                                      |  |                                   |                        |  | <u></u>  | ▶   |  |   | 0.                          |                            | <u> </u>   |
| Sche                     | edule G - Investme                   |  | me of a                           | Section                | n 501(c)(  | 7), (9), or  | (17) Or   | ganizatior   | 1   |                             |                            |  |
|                          | (see inst                            | ructions)                                |                                   |                        |  | ,  |   |  |   |                             |                            |  |
|                          | 1. Desc                              | ription of inco                          | me                                |                        |  | 2. Amount of   | income  | 3. Deduction directly connect (attach scheduction)               | ected   | 4. Set-                     | asides<br>schedule)        | 5. Total deductions<br>and set-asides<br>(col 3 plus col 4)                      |
| (1)                      |                                      |  |                                   |                        |  |  |   |  |   |                             |                            |  |
| (2)                      |                                      |  |                                   |                        | l  |  |   |  |   |                             |                            |  |
| (3)                      |                                      |  |                                   |                        |  |  |   |  |   |                             |                            |  |
| (4)                      |                                      |  |                                   |                        |  |  |   |  |   |                             |                            |  |
|                          |                                      |  |                                   |                        |  | Enter here and<br>Part I, line 9, co   |   | ,  | ·   |                             | ا <sub>س</sub> ا<br>د      | Enter here and on page 1<br>Part I, line 9, column (B).                          |
| Totals                   |                                      |  |                                   |                        |  |  | 0.  | ١  | . ~   |                             |                            | 0.   |
| Sch                      | edule I - Exploited<br>(see instru   |  | Activity                          | Incom                  | ne, Othe   | r Than Ac  | lvertisi  | ng Income  | <b>∌</b> ′  |                             |                            |  |
|                          | 1. Description of exploited activity | 2. G<br>unrelated<br>incom<br>trade or l | business<br>e from                | directly with proof un | cpenses<br>connected<br>roduction<br>irelated<br>ss income | 4. Net incon<br>from unrelated<br>business (or<br>minus colum<br>gain, comput<br>through | trade or<br>olumn 2<br>in 3). If a<br>e cols 5        | 5. Gross inco<br>from activity<br>is not unrela<br>business inco | that<br>ted   | attribut                    | penses<br>table to<br>mn 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
| (1)                      |                                      |  |                                   |                        |  |  |   |  |   |                             |                            |  |
| (2)                      |                                      |  |                                   |                        |  |  |   |  |   |                             |                            |  |
| (3)                      |                                      |  |                                   |                        |  |  |   |  |   |                             |                            |  |
| (4)                      |                                      | Enter her<br>page 1<br>line 10,          | , Part I,                         | page                   | are and on<br>1, Part I,<br>1, ∞I (B).                     |  | j   |  |   |                             |                            | Enter here and<br>on page 1,<br>Part II, line 28.                                |
| Totals                   | Adula I Adula A                      |  | 0.                                |                        | 0.   | 1  |   |  |   |                             |                            | 0.   |
| $\overline{}$            | edule J - Advertisi                  |  |                                   |                        |  |  |   |  |   |                             | ,                          | <u>.</u>   |
| Par                      | t I Income From                      | Periodic                                 | als Rep                           | orted o                | on a Con   | solidated  | Basis   |  |   |                             |                            |  |
|                          | 1. Name of periodical                |  | 2. Gross<br>advertising<br>income |                        | 3. Direct vertising costs                                  | or (loss) (c<br>col 3), if a g   | tising gain<br>of 2 minus<br>ain, comput<br>hrough 7. | 5. Circula income  |   | 6. Read                     |                            | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1)                      |                                      |  |                                   |                        |  |  |   |  |   |                             |                            |  |
| (2)                      |                                      |  |                                   |                        |  |  |   |  |   |                             |                            | ]  |
| (3)                      |                                      |  |                                   |                        |  |  |   |  |   |                             |                            | ]  |
| (4)                      |                                      |  |                                   |                        |  |  |   |  |   |                             |                            |  |
| <u>Totals</u>            | (carry to Part II, line (5))         | •  |                                   | 0.                     | 0  |  |   |  |   |                             |                            | 0 .  |

15051106 754200 0270

FOUNDATION FOR THE FUTURE

Form 990-T (2016) C/O HELLAM VARON & COMPANY

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| Coldmins 2 timod            | gii / Oii e | inie-by-line basis.                                      | <b>'</b>  |  |                       |                     |   |
|-----------------------------|-------------|--|---|--|-----------------------|---------------------|---|
| 1. Name of periodical       |             | 2. Gross<br>advertising<br>income                        | 3. Direct advertising costs                               | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1)                         |             |  |   |  |                       |                     |   |
| (2)                         |             |  |   |  |                       |                     |   |
| (3)                         |             |  |   |  |                       |                     |   |
| (4)                         |             |  |   |  |                       |                     |   |
| Totals from Part I          | <b>&gt;</b> | 0.   | 0.  |  |                       | - ,                 | _, 0.   |
|                             |             | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part i,<br>line 11, col (B). |  |                       |                     | Enter here and<br>on page 1,<br>Part II, line 27                                  |
| Totals, Part II (lines 1-5) | ▶           | 0.   | 0.  |  |                       |                     | 0.  |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name   | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|---|----------|--|---|
| (1)   |          | %                                      |   |
| (2)   |          | %                                      |   |
| (3)   |          | %                                      |   |
| (4)   |          | %                                      |   |
| Total. Enter here and on page 1, Part II, line 14 |          |  | 0.  |

Form 990-T (2016)

## SCHEDULE I (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

FOUNDATION FOR THE FUTURE C/O HELLAM VAR

**Alternative Minimum Tax - Estates and Trusts** 

➤ Attach to Form 1041.

Information about Schedule I (Form 1041) and its separate instructions is at www.irs.gov/form1041 .

OMB No 1545-0092

Employer identification number

91-1732102

2016

| Pa  | rt I Estate's or Trust's Share of Alternative Minimum Taxable Income  |         |               |           |
|-----|---|---------|---------------|-----------|
| 1   | Adjusted total income or (loss) (from Form 1041, line 17)   | 1       | 13            | ,535.     |
| 2   | Interest  |         |               |           |
| 3   | Taxes   |         |               |           |
| 4   | Miscellaneous itemized deductions (from Form 1041, line 15c)  | 4       |               |           |
| 5   | Refund of taxes   | 5       | (             | )         |
| 6   | Depletion (difference between regular tax and AMT)  | 6       |               |           |
| 7   | Net operating loss deduction. Enter as a positive amount  | 7       |               |           |
| 8   | Interest from specified private activity bonds exempt from the regular tax  | 8       |               |           |
| 9   | Qualified small business stock (see instructions)   | 9       |               |           |
| 10  | Exercise of incentive stock options (excess of AMT income over regular tax income)                                      | 10      |               |           |
| 11  | Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)   | 11      |               |           |
| 12  | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)   | 12      |               |           |
| 13  | Disposition of property (difference between AMT and regular tax gain or loss)   | 13      |               | -266.     |
| 14  | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)                            | 14      |               |           |
| 15  | Passive activities (difference between AMT and regular tax income or loss)  | 15      |               |           |
| 16  | Loss limitations (difference between AMT and regular tax income or loss)  | 16      |               |           |
| 17  | Circulation costs (difference between regular tax and AMT)  | 17      |               |           |
| 18  | Long-term contracts (difference between AMT and regular tax income)   | 18      |               |           |
| 19  | Mining costs (difference between regular tax and AMT)   | 19      |               |           |
| 20  | Research and experimental costs (difference between regular tax and AMT)  | 20      |               |           |
| 21  | Income from certain installment sales before January 1, 1987  | 21      | (             | )         |
| 22  | Intangible drilling costs preference  | 22      |               |           |
| 23  | Other adjustments, including income-based related adjustments   | 23      |               |           |
| 24  | Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)                    | 24      | (             | )         |
| 25  | Adjusted alternative minimum taxable income. Combine lines 1 through 24   | 25      | 13            | ,269.     |
|     | Note: Complete Part II below before going to line 26.   | 34      |               |           |
| 26  | Income distribution deduction from Part II, line 44 N/A 26  | 3 14    |               |           |
|     | Estate tax deduction (from Form 1041, line 19) N/A 27   | ] _ [`` | }             |           |
| 28  | Add lines 26 and 27   | 28      |               |           |
| 29  | Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25                          | 29      | 13            | ,269.     |
|     | If line 29 is:  |         |               |           |
|     | • \$23,900 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the |         |               |           |
|     | alternative minimum tax.  |         |               |           |
|     | <ul> <li>Over \$23,900, but less than \$175,450, go to line 45.</li> </ul>  |         |               |           |
|     | \$175,450 or more, enter the amount from line 29 on line 51 and go to line 52.  |         |               |           |
|     | rt II Income Distribution Deduction on a Minimum Tax Basis N/A  |         |               |           |
|     | Adjusted alternative minimum taxable income (see instructions)  | 30      |               |           |
|     | Adjusted tax-exempt interest (other than amounts included on line 8)  |         |               |           |
| 32  | Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-                                   | 32      |               |           |
| 33  | Capital gains for the tax year allocated to corpus and paid or permanently set aside for                                | !       |               |           |
|     | charitable purposes (from Form 1041, Schedule A, line 4)  | 33      |               |           |
| 34  | Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)                | 34      |               |           |
| 35  | Capital gains computed on a minimum tax basis included on line 25   | 35      | (             | )         |
| 36  | Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount                          | 36      |               |           |
| 37  | Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-  | 37      |               |           |
| 38  | Income required to be distributed currently (from Form 1041, Schedule B, line 9)  | 38      |               |           |
| 39  | Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)             | 39      |               |           |
| 40  | Total distributions. Add lines 38 and 39  | 40      |               |           |
|     | Tax-exempt income included on line 40 (other than amounts included on line 8)   | 41      |               |           |
|     | Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40                           | 42      | <u> </u>      |           |
| .HA | For Paperwork Reduction Act Notice, see the Instructions for Form 1041.   | chedule | e I (Form 104 | 1) (2016) |

| Part II Income Distribution Deduction on a Minimum Tax Basis (continued)  N/A  Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37.  If zero or less, enter -0-  43  Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line 43.  Enter here and on line 26  Part III Alternative Minimum Tax  45 Exemption amount  46 Enter the amount from line 29  47 Phase-out of exemption amount  48 Subtract line 47 from line 46. If zero or less, enter -0-  48 Multiply line 48 by 25% (0.25)  Subtract line 49 from line 45. If zero or less, enter -0-  50 Subtract line 50 from line 46  Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is - | ge 2 |
|--|------|
| If zero or less, enter -0-  A Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line 43.  Enter here and on line 26  Part III Alternative Minimum Tax  45 Exemption amount  46 Enter the amount from line 29  47 Phase-out of exemption amount  48 Subtract line 47 from line 46. If zero or less, enter -0-  49 Multiply line 48 by 25% (0.25)  50 Subtract line 49 from line 45. If zero or less, enter -0-  50 Subtract line 49 from line 46  51 Subtract line 50 from line 46  51 Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19   |      |
| A4 Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line 43.  Enter here and on line 26  Part III Alternative Minimum Tax  45 Exemption amount 46 Enter the amount from line 29 46 47 Phase-out of exemption amount 47 \$79,850.00  48 Subtract line 47 from line 46. If zero or less, enter -0- 49 Multiply line 48 by 25% (0.25) 50 Subtract line 49 from line 45. If zero or less, enter -0- 51 Subtract line 50 from line 46 52 Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19  |      |
| Enter here and on line 26  Part III Alternative Minimum Tax  45 Exemption amount 46 Enter the amount from line 29 46  47 Phase-out of exemption amount 48 Subtract line 47 from line 46. If zero or less, enter -0- 49 Multiply line 48 by 25% (0.25) 50 Subtract line 49 from line 45. If zero or less, enter -0- 51 Subtract line 50 from line 46 52 Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19  |      |
| Part III Alternative Minimum Tax  45 Exemption amount 46 Enter the amount from line 29 46 47 Phase-out of exemption amount 48 Subtract line 47 from line 46. If zero or less, enter -0- 49 Multiply line 48 by 25% (0.25) 50 Subtract line 49 from line 45. If zero or less, enter -0- 51 Subtract line 50 from line 46 51 52 Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19   |      |
| 45 \$23,900.00  46 Enter the amount from line 29  47 Phase-out of exemption amount  48 Subtract line 47 from line 46. If zero or less, enter -0-  49 Multiply line 48 by 25% (0.25)  50 Subtract line 49 from line 45. If zero or less, enter -0-  50 Subtract line 50 from line 46  51 Subtract line 50 from line 46  50 Os to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19   |      |
| 46 Enter the amount from line 29 47 Phase-out of exemption amount 48 Subtract line 47 from line 46. If zero or less, enter -0- 49 Multiply line 48 by 25% (0.25) 49 Multiply line 48 by 25% (0.25) 50 Subtract line 49 from line 45. If zero or less, enter -0- 51 Subtract line 50 from line 46 51 52 Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19  |      |
| A7 \$79,850.00  48 Subtract line 47 from line 46. If zero or less, enter -0-  49 Multiply line 48 by 25% (0.25)  50 Subtract line 49 from line 45. If zero or less, enter -0-  50 Subtract line 50 from line 46  51 Subtract line 50 from line 46  50 To Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19  |      |
| 48 Subtract line 47 from line 46. If zero or less, enter -0- 49 Multiply line 48 by 25% (0.25) 50 Subtract line 49 from line 45. If zero or less, enter -0- 51 Subtract line 50 from line 46 51 52 Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19  |      |
| Multiply line 48 by 25% (0.25)  Subtract line 49 from line 45. If zero or less, enter -0-  Subtract line 50 from line 46  Subtract line 50 from line 46  So to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19  |      |
| 50 Subtract line 49 from line 45. If zero or less, enter -0- 51 Subtract line 50 from line 46 52 Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19  |      |
| 51 Subtract line 50 from line 46 52 Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19   |      |
| 52 Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19  |      |
| · · · · · · · · · · · · · · · · · · ·  |      |
| of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is -   |      |
|  |      |
| • \$186,300 or tess, multiply line 51 by 26% (0.26).   |      |
| • Over \$186,300, multiply line 51 by 28% (0.28) and subtract \$3,726 from the result  |      |
| 53 Alternative minimum foreign tax credit (see instructions)   | —    |
| 54 Tentative minimum tax. Subtract line 53 from line 52  |      |
| 55 Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a) 55  | —    |
| 56 Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter here and on   |      |
| Form 1041, Schedule G, line 1c 56 Part IV Line 52 Computation Using Maximum Capital Gains Rates  | —    |
| Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet,  |      |
| or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions   |      |
| before completing this part.   |      |
| 57 Enter the amount from line 51   |      |
| 58 Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax  |      |
| Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for  |      |
| Form 1041, whichever applies (as refigured for the AMT, if necessary)  |      |
| 59 Enter the amount from Schedule D (Form 1041), line 18b, column (2)  |      |
| (as refigured for the AMT, if necessary). If you didn't complete   |      |
| Schedule D for the regular tax or the AMT, enter -0-   |      |
| 60 If you didn't complete a Schedule D Tax Worksheet for the regular tax or the  |      |
| AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter   |      |
| the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax   |      |
| Worksheet (as refigured for the AMT, if necessary)   |      |
| 61 Enter the smaller of line 57 or line 60   | —    |
| 62 Subtract line 61 from line 57   |      |
| 63 If line 62 is \$186,300 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by   |      |
| 28% (0.28) and subtract \$3,726 from the result  |      |
| 64 Maximum amount subject to the 0% rate 64 \$2,550.00   |      |
| 65 Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D  Tay Workshoot, or line 5 of the Qualified Dividends Tay Workshoot in the Instructions   |      |
| Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't   |      |
| complete Schedule D or either worksheet for the regular tax, enter the amount  |      |
| from Form 1041, line 22; if zero or less, enter -0-  |      |
| 66 Subtract line 65 from line 64. If zero or less, enter -0-   |      |
| 67 Enter the smaller of line 57 or line 58   |      |
| 68 Enter the smaller of line 66 or line 67. This amount is taxed at 0%   |      |
| 69 Subtract line 68 from line 67   |      |

619862 12-14-16

Schedule I (Form 1041) (2016)

| Pa | rt IV Line 52 Computation Using Maximum Capital Gains Rat                                       | tes (co | ntinued)    |    |  |
|----|---|---------|-------------|----|--|
| 70 | Maximum amount subject to rates below 20%   | 70      | \$12,400.00 |    |  |
| 71 | Enter the amount from line 66   | 71      |             | ]  |  |
| 72 | Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the                         | [ [     |             | ļ  |  |
|    | Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax                              | }       |             |    |  |
|    | Worksheet, whichever applies (as figured for the regular tax). If you                           | 1 1     |             |    |  |
|    | didn't complete Schedule D or either worksheet for the regular tax, enter                       | 1 1     |             |    |  |
|    | the amount from Form 1041, line 22; if zero or less, enter -0-                                  | 72      |             |    |  |
| 73 | Add line 71 and line 72   | 73      |             | ]  |  |
|    | Subtract line 73 from line 70. If zero or less, enter -0-                                       | 74      |             |    |  |
| 75 | Enter the smaller of line 69 or 74  | 75      |             |    |  |
| 76 | Multiply line 75 by 15% (0.15)  |         |             | 76 |  |
| 77 | Add lines 68 and 75   |         |             | }  |  |
|    | If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go      |         | 78.         |    |  |
| 78 | Subtract line 77 from line 67   | 78      |             |    |  |
| 79 | Multiply line 78 by 20% (0.20)  |         |             | 79 |  |
|    | If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to lin   |         |             |    |  |
| 80 | Add lines 62, 77, and 78  | 80      |             |    |  |
| 81 | Subtract line 80 from line 57   |         |             | ]  |  |
| 82 | Multiply line 81 by 25% (0.25)  |         |             | 82 |  |
| 83 | Add lines 63, 76, 79, and 82  |         |             | 83 |  |
| 84 | If line 57 is \$186,300 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by | 28% (0. | 28)         |    |  |
|    | and subtract \$3,726 from the result  |         |             | 84 |  |
| 85 | Enter the smaller of line 83 or line 84 here and on line 52                                     |         |             | 85 |  |

| FORM 990-T INCOME (LOSS   | ) FROM PARTNERS                      | HIPS                      | STATEMENT 14                         |
|---|--------------------------------------|---------------------------|--------------------------------------|
| PARTNERSHIP NAME  | GROSS INCOME                         | DEDUCTIONS                | NET INCOME<br>OR (LOSS)              |
| FLAG PRIVATE EQUITY II FLAG PRIVATE EQUITY III FLAG PRIVATE EQUITY VI GOLDMAN SACHS RE OPPORTUNITIES FUND | 8,194.<br>-9,566.<br>387.<br>18,217. | 385.<br>220.<br>3.<br>15. | 7,809.<br>-9,786.<br>384.<br>18,202. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 5   | 17,232.                              | 623.                      | 16,609.                              |

## SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

## Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

2016

Employer identification number

FOUNDATION FOR THE FUTURE C/O HELLAM VARON & COMPANY 91-1732102 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on the lines below. (h) Gain or (loss) (d) (e) (g) Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and (sales price) (or other basis) This form may be easier to complete if you round off cents to whole dollars. combine the result Form(s) 8949, Part I, with column (g) line 2, column (g) 1 a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1 b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 -178.5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2015 Capital Loss Carryover Worksheet Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on page 2 Part II | Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on the lines below. (h) Gain or (loss) (e) (d) (g) Adjustments Subtract column (e) Cost Proceeds to gain or loss from from column (d) and (sales price) (or other basis) This form may be easier to complete if you round off cents to whole dollars. combine the result orm(s) 8949, Part II, with column (g) line 2, column (g) 8 a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no

11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824

adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b

8 b Totals for all transactions reported on Form(s) 8949 with

Totals for all transactions reported on Form(s) 8949 with

Totals for all transactions reported on Form(s) 8949 with

Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts

13 Capital gain distributions

Box D checked

Box E checked

Box F checked

14 Gain from Form 4797, Part I

15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2015 Capital Loss Carryover Worksheet

Net iong-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on page 2

610841 12-16-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2016

9,643.

<u>9,639</u>.

11

13

14

15

## FOUNDATION FOR THE FUTURE

| Schedule D (Form 1041) 2016 C/O HELLAM VARON & COMPANY   |                 |                             | 9:            | 1-173          | 2102 Page 2            |
|--|-----------------|-----------------------------|---------------|----------------|------------------------|
| Part III Summary of Parts I and II   |                 | (1) Beneficiaries'          | (2) Est       |                | (3) Total              |
| Caution: Read the instructions before completing this part.                                    |                 | (.,                         | or tru        |                | (0)                    |
| 17 Net short-term gain or (loss)   | 17              |                             |               | -178.          | -178.                  |
| 18 Net long-term gain or (loss):   |                 |                             |               |                |                        |
| a Total for year   | 18a             |                             | 9             | ,639.          | 9,639.                 |
| b Unrecaptured section 1250 gain (see line 18 of the wrksht.)                                  | 18b             |                             |               |                |                        |
| c 28% rate gain  | 18c             |                             |               |                |                        |
| 19 Total net gain or (loss). Combine lines 17 and 18a  | ▶ 19            |                             | 9             | ,461.          | 9,461.                 |
| Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For       | rm 990-7        | , Part I, line 4a). If line | es 18a and    | 19, colun      | nn (2), are net gains, |
| go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, comp          | lete Part       | IV and the Capital Los      | s Carryove    | r Workshe      | et, as necessary.      |
| Part IV   Capital Loss Limitation  |                 |                             |               |                |                        |
| 20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if   | a trust), t     | he <b>smaller</b> of:       | Ĩ             |                |                        |
| a The loss on line 19, column (3) or b \$3,000   |                 |                             | . 4           | 20 (           | )                      |
| Note: If the loss on line 19, column (3), is more than \$3,000,or if Form 1041, page           |                 | ? (or Form 990-T, line      | 34), is a lo  | ss, compl      | ete the Capital        |
| Loss Carryover Worksheet in the instructions to figure your capital loss carryove              | r.              |                             |               |                |                        |
| Part V Tax Computation Using Maximum Capital Gains F   | Rates           |                             |               |                |                        |
| Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, of | or an amo       | unt is entered in Part I o  | r Part II and | there is an    | entry on Form 1041,    |
| line 2b(2), and Form 1041, line 22, is more than zero.   |                 |                             |               |                |                        |
| Caution: Skip this part and complete the Schedule D Tax Worksheet in the instru                | ctions if:      |                             |               |                |                        |
| • Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or                        |                 |                             |               |                |                        |
| Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.                         |                 |                             |               |                |                        |
| Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified di | vidends a       | re included in income in    | Part I of For | m 990-T, a     | and Form 990-T, line   |
| 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the ins     | structions      | X .                         |               | , col. (2) is  | more than zero.        |
| 21 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)                       | . 2             | 1 12,                       | 535.          |                |                        |
| 22 Enter the smaller of line 18a or 19 in column (2)   | ,* <sub>1</sub> | ;                           |               | `              |                        |
| but not less than zero   | 61.             | 1                           |               | N.             |                        |
| 23 Enter the estate's or trust's qualified dividends from                                      |                 |                             | 1.            |                |                        |
| Form 1041, line 2b(2) (or enter the qualified dividends  |                 |                             |               | ,              |                        |
| included in income in Part I of Form 990-T)  |                 |                             |               | `.             |                        |
| 24 Add lines 22 and 23   | 61.             |                             |               | 1              |                        |
| 25 If the estate or trust is filing Form 4952, enter the                                       | ,               | -                           | 1             | -              |                        |
| amount from line 4g; otherwise, enter -0-  | 0.              |                             |               |                |                        |
| 26 Subtract line 25 from line 24. If zero or less, enter -0-                                   | 2               | ~                           | 461.          |                |                        |
| 27 Subtract line 26 from line 21. If zero or less, enter -0-                                   | _2              |                             | 074.          | · ·            |                        |
| 28 Enter the smaller of the amount on line 21 or \$2,550                                       | 2               |                             | 550.          | 1              |                        |
| 29 Enter the smaller of the amount on line 27 or line 28                                       | . <u>L2</u>     | 9 2,                        | 550.          | _              | •                      |
| 30 Subtract line 29 from line 28. If zero or less, enter -0 This amount is taxed at 0%         |                 |                             | _             | 30             | 0.                     |
| 31 Enter the smaller of line 21 or line 26   | . 3             |                             | 461.          |                |                        |
| 32 Subtract line 30 from line 26   | 3               |                             | 461.          |                |                        |
| 33 Enter the smaller of line 21 or \$12,400  | . 3             |                             | 400.          |                |                        |
| 34 Add lines 27 and 30   | 3               |                             | 074.          |                |                        |
| 35 Subtract line 34 from line 33. If zero or less, enter -0-                                   | 3               |                             | 326.          |                |                        |
| 36 Enter the smaller of line 32 or line 35   | <u> 3</u>       | 6   9,                      | 326.          | _              | 1 200                  |
| 37 Multiply line 36 by 15% (0.15)  | ١٠.             |                             |               | 37             | 1,399.                 |
| 38 Enter the amount from line 31   | 3               |                             | 461.          |                |                        |
| 39 Add lines 30 and 36   | . 3             |                             | 326.          | ŀ              |                        |
| 40 Subtract line 39 from line 38. If zero or less, enter -0-                                   | 4               | 0                           | 135.          |                | 27                     |
| 41 Multiply line 40 by 20% (0.20)  | 1               | 1                           | ▶             | <del>1</del> 1 | 27.                    |
| 42 Figure the tax on the amount on line 27. Use the 2016 Tax Rate Schedule for Estates         |                 |                             | E14           |                |                        |
| and Trusts (see the Schedule G instructions in the instructions for Form 1041)                 |                 | 2                           | 514.          |                |                        |
| 43 Add lines 37, 41, and 42  | 4               | 3 <u>I</u> ,                | 940.          |                |                        |
| 44 Figure the tax on the amount on line 21. Use the 2016 Tax Rate Schedule for Estates         | ļ               |                             | 250           |                |                        |
| and Trusts (see the Schedule G instructions in the instructions for Form 1041)                 |                 |                             | 259.          |                |                        |
| 45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 10      | 141, Sched      | lule                        |               |                | 1 040                  |
| G, line 1a (or Form 990-T, line 36)  |                 | <del></del>                 |               | 45             | 1,940.                 |
| 610842 12-16-16  |                 |                             |               | Schedul        | le D (Form 1041) 2016  |

3 2