Form 990-PF

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

1703

OMB No 1545-0052

2016

Department of the Treasury Internal Revenue Service ▶ 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.

Open to Public Inspection

	calend me of fou	lar year 2016 or tax year beginning 04/01/16 , and also notes and also notes are the control of	and ending 03/3	1/17	A Emplo	oyer identification number	
_							
		THY & KENNETH HEISLER FOUNDAT				-3677275	
		I street (or PO box number if mail is not delivered to street address) LEGENDS DR.	Ro	om/suite		none number (see instructions) $0-368-7099$	1
Cit	or town,	state or province, country, and ZIP or foreign postal code		·	C If exer		shoots boro
_ <u>S</u>	OUT	HPORT NC 28461	 ·		- I exer	nption application is pending, o	areck field
G	Check a	all that apply Initial return Initial retur	n of a former public cha	anty	D 1 Fo	reign organizations, check her	e ▶
		Final return Amended				reign organizations meeting th	
		Address change Name cha			85	% test, check here and attach	computation
<u>H</u> (Check t	ype of organization X Section 501(c)(3) exempt private		M	1	ate foundation status was term	inated under
	Section	1 4947(a)(1) nonexempt chantable trust Other taxable	e private foundation	U	section	n 507(b)(1)(A), check here	>
		ket value of all assets at J Accounting method	Cash X Acci	rual `	i	oundation is in a 60-month ter	. []
	_	ear (from Part II, col (c), Uther (specify)			under	section 507(b)(1)(B), check he	ere •
	ne 16) I				L		(d) Dishumamenta
P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	(d) Disbursements for chantable
_		the amounts in column (a) (see instructions))	books	inco	me	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	139,303				
	2	Check ► ☐ If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	254		254		
	4	Dividends and interest from securities				·	
J /	5a	Gross rents		·-·		· · · · · · · · · · · · · · · · · · ·	
ne ne	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10					
	b	Gross sales price for all assets on line 6a			0		
	8	Capital gain net income (from Part IV, line 2) Net short-term capital gain				0	
	9	Income modifications	_				
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold	,			-	
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	139,557		254	0	
(A	13	Compensation of officers, directors, trustees, etc	0				
penses	14	Other employee salanes and wages					
en	15	Pension plans, employee benefits					
Ä	16a	Legal fees (attach schedule)				PIC	EIVED
è	b	Accounting fees (attach schedule) STMT 1	2,225			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
₹	C	Other professional fees (attach schedule)				JAN 9	3 2018
Operating and Administrative	17 18	Interest Tayes (attach schodula) (see instructions)					2010
Ë.	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion				1 1000	
Ę	20	Occupancy					<u> </u>
Ă	21	Travel, conferences, and meetings			-	.,	
P	22	Printing and publications					
g	23	Other expenses (att. sch.) STMT 2	338				
ij	24	Total operating and administrative expenses.					
era		Add lines 13 through 23	2,563		0	0	0
ď	25	Contributions, gifts, grants paid	42,375				42,375
_	26	Total expenses and disbursements. Add lines 24 and 25	44,938		0	0	42,375
	27	Subtract line 26 from line 12	<u>.</u>				
	a	Excess of revenue over expenses and disbursements	94,619				
	b	Net investment income (if negative, enter -0-)			254		
	С	Adjusted net income (if negative, enter -0-)		L		0	<u> </u>

For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2016) DOROTHY & KENNETH HEISLER FOUNDATION 36-3677275 Page 2 Beginning of year End of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) Part II (a) Book Value (b) Book Value (c) Fair Market Value ì Cash - non-interest-bearing 475,399 570,325 570,325 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less allowance for doubtful accounts Pledges receivable ▶ Less allowance for doubtful accounts 5 Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (att schedule) 0 Less allowance for doubtful accounts ▶ inventories for sale or use Prepaid expenses and deferred charges 10a Investments – U S and state government obligations (attach schedule) b Investments - corporate stock (attach schedule) Investments - corporate bonds (attach schedule) c 11 Investments - land, buildings, and equipment basis Less accumulated depreciation (attach sch.) 12 Investments - mortgage loans 13 Investments - other (attach schedule) 14 Land, buildings, and equipment basis Less accumulated depreciation (attach sch.) SEE STATEMENT 3 456 149 15 Other assets (describe 16 Total assets (to be completed by all filers - see the instructions Also, see page 1, item I) 475,855 570,474 570,474 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Balances Unrestricted 25 Temporarily restricted Permanently restricted Fund X Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ŏ 27 Capital stock, trust principal, or current funds Net Assets Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds 475,855 570,474 29 475,855 570,474 Total net assets or fund balances (see instructions) 30 31 Total liabilities and net assets/fund balances (see 475,855 570,474 instructions) Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with 475,855 end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 2 94,619 3 Other increases not included in line 2 (itemize) ▶ 3

570,474

570,474

4

5

6

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

41,515

42,375

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7 Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

	990-PF (2016) DOROTHI & RENNETH HEISLER FOUNDATION 30-36/12/3				ge 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)	 _			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	i			2
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				<u>3</u>
	here X and enter 1% of Part I, line 27b	ł			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
_	Part I, line 12, col (b)	.			0
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				- 3
3	Add lines 1 and 2				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				
5					
6	Credits/Payments				
a	2016 estimated tax payments and 2015 overpayment credited to 2016 Stream t forcing associations to work the day and the course	ł			
b	Exempt foreign organizations – tax withheld at source Tax paid with application for extension of time to file (Form 8868) 6c 6b				
C	· · · · · · · · · · · · · · · · · · ·				
d 7		. }			
7	Total credits and payments Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here				
8	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				_ _
9 10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
	Enter the amount of line 10 to be Credited to 2017 estimated tax				
11 Pa	Int VII-A Statements Regarding Activities	<u>' </u>			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Г	Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		16		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		<u> </u>		
	published or distributed by the foundation in connection with the activities				
С	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 year				 -
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			1	
	on foundation managers > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	_	X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		ļĮ	ļ	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		_X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	if "Yes," attach the statement required by General Instruction T			ļ	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that]		
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		\ \		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	N/A	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		T		
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"				0
	complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses STMT 4		10	_X_	
			Form 99	O-PF	(2016)

_	n 990-PF (2016) DOROTHY & KENNETH HEISLER FOUNDATION 36-36772	75			P	age
<u> </u>	Statements regarding Activities (continued)			T^{-}	Yes	No
11	. At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				163	140
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			<u> </u>		
	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	on?		13	X	
	Website address ► NONE					
14	The books are in care of ▶ TERRIE HEISLER ALLISON, TRUSTEE Tele 2950 LEGENDS DR.	ephone no	▶ 910-:	368-	709	9
	Located at ► SOUTHPORT NC	ZIP+4	▶ 2846	1		
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041 – Check here					▶ [
	and enter the amount of tax-exempt interest received or accrued during the year	•	15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority				Yes	No
	over a bank, secunties, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of					
	the foreign country ▶					
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year did the foundation (either directly or indirectly)	_	_			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		E=		l i	
	disqualified person?	Yes				
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	∐ Yes	X No		1 1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	<u> </u>				
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or to employ the official for a period after	—				
L	termination of government service, if terminating within 90 days)	Yes	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulation	ns	37 / B	١		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N/A	1b	\vdash	
_	Organizations relying on a current notice regarding disaster assistance check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		▶ 📋			
С	were not corrected before the first day of the tax year beginning in 2016?					v
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			1c	 	X
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and				1	
_	6e, Part XIII) for tax year(s) beginning before 2016?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	163	110	İ		
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 statement – see instructions)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		==, ==		\vdash	
	▶ 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
	at any time during the year?	Yes	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			ļ		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the					
	foundation had excess business holdings in 2016)		N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		X

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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		TH HEISLER FOUND					Page 6
Pa	art VII-B Statements Regarding A	ctivities for Which Form	4720 May Be Re	equired (conti	nued)		
5a	During the year did the foundation pay or incur a	ny amount to				i	
	(1) Carry on propaganda, or otherwise attempt	to influence legislation (section 49	945(e))?	\ \	res 🗶 No		
	(2) Influence the outcome of any specific public	election (see section 4955), or to	carry on,	_			- 1
	directly or indirectly, any voter registration di	nve?		<u> </u>	res 🔀 No		
	(3) Provide a grant to an individual for travel, st	udy, or other similar purposes?		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	∕es X No		
	(4) Provide a grant to an organization other than	n a charitable, etc , organization d	lescribed in				
	section 4945(d)(4)(A)? (see instructions)			\	∕es 🏻 No	-	
	(5) Provide for any purpose other than religious	, charitable, scientific, literary, or o	educational				
	purposes, or for the prevention of cruelty to				∕es X No	Ì	1
b	If any answer is "Yes" to 5a(1)–(5), did any of the	e transactions fail to qualify under	r the exceptions desc	cnbed in			
	Regulations section 53 4945 or in a current notice	ce regarding disaster assistance (see instructions)?		N/A	_5b	
	Organizations relying on a current notice regards	-			▶ ∐	- 1	
С	If the answer is "Yes" to question 5a(4), does the	e foundation claim exemption from	n the tax	4- 🗔	_	ł	1
	because it maintained expenditure responsibility	*		N/A 🗌	′es ∐ No		
	If "Yes," attach the statement required by Regula	• •					
6a	Did the foundation, during the year, receive any	funds, directly or indirectly, to pay	premiums				
	on a personal benefit contract?				′es 🛚 X No		- {
b	Did the foundation, during the year, pay premiun	ns, directly or indirectly, on a pers	onal benefit contract	?		6b	X
	If "Yes" to 6b, file Form 8870			F==			
7a	At any time during the tax year, was the foundation	on a party to a prohibited tax she	Iter transaction?	\ <u></u>	es X No	- 1	
	If "Yes," did the foundation receive any proceeds				N/A	7b	
Pa	art VIII Information About Officers	s, Directors, Trustees, Fo	oundation Mana	gers, Highly F	Paid Employee	es,	
	and Contractors						
<u>1 L</u>	ist all officers, directors, trustees, foundation	managers and their compens	ation (see instruction	ons).			
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Exper	nse account,
	(a) Name and address		hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		illowances
			- 	<u> </u>	compensation		
	RRIE HEISLER ALLISON	SOUTHPORT	TRUSTEE/MNGR				
	050 LEGENDS DR.	NC 28461	10.00	0	0		0
	NNETH M HEISLER-DECEASED 12/16/16	WILMINGTON	TRUSTEE	_	_		
89	16 CHAMPION HILLS DR.	NC 28411	0.00_	0	0		0
			-				
							
			}				
	Common ation of five bishoot poid and and		- ! 4 ! !-				
2	Compensation of five highest-paid employee "NONE."	es (other than those included o	n line 1 – see instri	uctions). It none,	enter		
	NONE.	· · · · · · · · · · · · · · · · · · ·	T	-	(4) Contobutons to		
	(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	(e) Exper	nse account,
	(a) Name and address of each employee paid more	man \$50,000	devoted to position	(c) Compensation	plans and deferred compensation	other a	llowances
270	ATE		 	 	Compensation	L	
NO	NE						
			 				
			-				
		· · · · · · · · · · · · · · · · · · ·					
			1	~			
Tota	I number of other employees paid over \$50,000	-	- 1		•		0
. – ա		· · · · · · · · · · · · · · · · · · ·				990	-PF (2016)
					T.		(20:0)

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Part VIII	Information About Officers, Directors, Trustees, Foundation	ation Managers, Highly Paid Em	
	and Contractors (continued)		
3 Five nignes	st-paid independent contractors for professional services (see instruc	· · · · · · · · · · · · · · · · · · ·	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			
	-		
Total number of o	others receiving over \$50,000 for professional services		▶ 0
Part IX-A	Summary of Direct Charitable Activities		
	four largest direct chantable activities during the tax year. Include relevant statistical information such ner beneficianes served, conferences convened, research papers produced, etc.	as the number of	Expenses
1 N/A			
2			
3			
			
•			
		1	
Part IX-B	Summary of Program-Related Investments (see instruc	ctions)	
	est program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		I	
			
2			
		!	
All other program-rela	ated investments. See instructions		
3		,	
		· ·	
Total. Add lines 1	through 3	_	

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Pa	art X Minimum Investment Return (All domestic foundations must complete this part Foreign	foundations,	
	see 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	522,862
c	Fair market value of all other assets (see instructions)	1c	149
d	Total (add lines 1a, b, and c)	1d	523,011
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	523,011
4	Cash deemed held for chantable activities Enter 11/2% of line 3 (for greater amount, see		·
	instructions)	4	7,845
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	515,166
6	Minimum investment return. Enter 5% of line 5	6	25,758
Pi	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	oundations	
	and certain foreign organizations check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	25,758
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016 (This does not include the tax from Part VI)		
c	Add lines 2a and 2b	2c	3
3	Distributable amount before adjustments Subtract line 2c from line 1	3	25,755
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	25,755
6	Deduction from distributable amount (see instructions)	6	20,100
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
′	·	7	25,755
	line 1		25, 133
Pá	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	42,375
b	Program-related investments – total from Part IX-B	1b	/0.0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,		
-		2	
2	purposes Amounts set aside for specific charitable projects that satisfy the		
3		32	
a	Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule)	3a	<u>-</u>
b 4	Cash distribution test (attach the required schedule)	3b	12 275
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	42,375
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	3
_	Enter 1% of Part I, line 27b (see instructions)	5	40 270
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	42,372
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	ภ	
	GUEUTIOS TOT IDA CACTION AUALICAL FOGUCTION OF TRY IN TOACS VACATO		

2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only b Total for prior years 20	Pa	rt XIII Undistributed Income (see instructions)	·		·	
25,72		•	(a)	(b)	(c)	(d)
2 Indistributed income, it amy, as of the end of 2016 a Eriter annum for 2015 only b Total for prior years 20	1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
a Enter amount for 2015 only b Total for pnot years 20		line 7				25,755
b Total for pronry years 20	2	Undistributed income, if any, as of the end of 2016				
3 Excess distributions carryover, if any, to 2016 a From 2011 5, 4.09 b From 2012 14, 663 c From 2014 38, 332 e From 2014 38, 332 e From 2015 4 Qualifying distributions for 2016 from Part XIII, line 4 \rightarrow S. 2, 2, 375 a Applied to 2015, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2016 distributable amount Remaining amount distributed out of corpus (If an amount appears in column (a), the same amount must be shown in column (a). Enter the neit total of each column as indicated below: a Corpus Add lines 31, 4c, and 4e Subtract line 5 b Prior years' indistributed income Subtract line 4b from line 2 c Enter the mount of prior years' undistributed income for which a notice of deficiency has been issued, on on which the section 4942(a) tax has been previously assessed d Subtract line 6b from line 5 Taxable amount - see instructions e Undistributed income for 2015 Subtract lines 4 and 5 from line 1 This amount must be distributed income for 2016 Subtract lines 4 and 5 from line 1 This amount must be distributed income for 2017 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 17(3)(b)(1)(7) of 4492(g)) (Election may be required—see instructions) Excess distributions carryover to 2017. Subtract line 8 or in 7 (see instructions) Excess from 2012 Excess from 2013 Excess from 2015 Excess from 2015 Excess from 2015 Excess from 2016 Excess from 2017 Excess distributions carryover from 2011 in 14, 663 Excess from 2016 Excess from 2017	а	Enter amount for 2015 only				
3 Excess distributions carryover, if any, to 2016 a From 2011 5, 4.09 b From 2012 14, 663 c From 2014 38, 332 e From 2014 38, 332 e From 2015 4 Qualifying distributions for 2016 from Part XIII, line 4 \rightarrow S. 2, 2, 375 a Applied to 2015, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2016 distributable amount Remaining amount distributed out of corpus (If an amount appears in column (a), the same amount must be shown in column (a). Enter the neit total of each column as indicated below: a Corpus Add lines 31, 4c, and 4e Subtract line 5 b Prior years' indistributed income Subtract line 4b from line 2 c Enter the mount of prior years' undistributed income for which a notice of deficiency has been issued, on on which the section 4942(a) tax has been previously assessed d Subtract line 6b from line 5 Taxable amount - see instructions e Undistributed income for 2015 Subtract lines 4 and 5 from line 1 This amount must be distributed income for 2016 Subtract lines 4 and 5 from line 1 This amount must be distributed income for 2017 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 17(3)(b)(1)(7) of 4492(g)) (Election may be required—see instructions) Excess distributions carryover to 2017. Subtract line 8 or in 7 (see instructions) Excess from 2012 Excess from 2013 Excess from 2015 Excess from 2015 Excess from 2015 Excess from 2016 Excess from 2017 Excess distributions carryover from 2011 in 14, 663 Excess from 2016 Excess from 2017	b	Total for prior years 20 , 20 , 20				
b From 2012	3					
c From 2014 38,332 d From 2014 39,332 e From 2015 7 Total of lines 3 through e Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 42,375 a Applied to 2015, but not more than line 2a b Applied to 2015, but not more than line 2a c Treated as distributions of or corpus (Election required – see instructions) d Applied to 2016 distributibate amount e Remaining amount distribution authority applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) Enter the net total of each column as indicated below: a Corpus Add lines 31, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4 from line 2b c Enter the amount of prior years' undistributed mome Subtract line 4b from line 2b c Enter the amount of prior years' undistributed mome Subtract line 4b from line 2b c Undistributed income for 2016 Subtract line 4 from line 2a Taxable amount – see instructions undistributed income for 2016 Subtract line 4 from line 2a Taxable amount – see instructions undistributed income for 2016 Subtract line 4 from line 2a Taxable amount – see instructions undistributed income for 2016 Subtract line 4 from line 2a Taxable amount – see instructions undistributed income for 2016 Subtract line 4 from line 2a Taxable amount – see instructions undistributed income for 2016 Subtract line 4 from line 2a Taxable amount – see instructions Excess distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) Excess from 2017 Subtract lines 7 and 8 from line 5 Analysis of line 9 Excess from 2013 Excess from 2014	а	From 20115,409				
d From 2014	b	From 2012 14,663	ļ			
a From 2015	С	From 2013				
Total of lines 3 a through e 95,538	d	From 2014 38,332		į		
4 Qualifying distributions for 2016 from Part XII, Inc. 4 ▶ \$ 42, 375 a Applied to 2015, but not more than line 2a b Applied to 2015, but not more than line 2a compared to 2015, but not more than line 2a compared to 2015, but not more than line 2a compared to 2015, but not more than line 2a compared to 2015, but not more than line 2a compared to 2015, but not more than line 2a compared to 2015, but not more than line 2a compared to 2016 distributions out of corpus (Election required - see instructions) compared to 2016 distributions carryover applied to 2016 compared to 2016 distributions carryover to 2016 compared to 2016 distributions carryover to 2016 compared to 2015, 2016 compared to 2016 compare	е	From 2015 27,134	ļ			
a Applied to 2015, but not more than line 2a b Applied to undistributed income of pnor years (Election required – see instructions) c Treated as distributions out of corpus (Election required – see instructions) d Applied to 2016 distributable amount Remaining amount distributed out of corpus Excess distributions carryover applied to 2016 (if an amount appears in column (a) in the same amount must be shown in column (a) in the same amount must be shown in column (a) in the same amount must be shown in column (a) in the same amount must be shown in column (a) in the same amount must be shown in column (a) in the same amount must be shown in column (a) in the same amount must be shown in column (a) in the same amount must be distributed income for thin the 2c c Enter the amount of prior years' undistributed income for which the section 4942(a) tax has been insued, or on which the section 4942(a) tax has been previously assessed d Subtract time 65 from line 6b Taxable amount – see instructions e Undistributed income for 2015 Subtract line 4 af from line 2 Taxable amount – see instructions f Undistributed income for 2016 Subtract line 4 af from line 2 Taxable amount – see instructions f Undistributed income for 2016 Subtract line 4 af from line 2 Taxable amount – see instructions f Undistributed income for 2016 Subtract line 4 af from line 2 Taxable amount – see instructions g Undistributed income for 2016 Subtract line 4 af from line 5 are also the same amount in the same	f	Total of lines 3a through e	85,538			
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170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) 8	•	•		,		
required—see instructions) 8		· · ·				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2012 b Excess from 2013 c Excess from 2014 38,332						
applied on line 5 or line 7 (see instructions) 9	8	•				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2012 b Excess from 2013 c Excess from 2014 38,332	-		5,409			
Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2012 b Excess from 2013 c Excess from 2014 96,749 14,663 b Excess from 2013	9			-		
10 Analysis of line 9 a Excess from 2012		-	96,749	<u> </u>		
a Excess from 2012 14,663 b Excess from 2013 c Excess from 2014 38,332	10					
b Excess from 2013 c Excess from 2014 38,332	а		Ì			
	b]			
d Excess from 2015 27,134	С	Excess from 2014 38, 332]]		
	d		-1			
e Excess from 2016 16, 620	<u>e</u>	Excess from 2016 16, 620				

DAA

<u>Pa</u>	rt XIV Private Operating Fou	ındations (see ins	structions and Part	: VII-A, question 9)		
1a	If the foundation has received a ruling or o	letermination letter that	it is a private operating	1	-	
	foundation, and the ruling is effective for 2	016, enter the date of t	he ruling	•		
b	Check box to indicate whether the foundar	tion is a private operati	ng foundation described	d in section 49	942(j)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		/
	income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	investment return from Part X for					
	each year listed					
b	85% of line 2a			<u> </u>		- P
D				 		<i>*</i>
С	Qualifying distributions from Part XII,				J.^1	ľ
_	line 4 for each year listed					
đ	Amounts included in line 2c not used directly					
	for active conduct of exempt activities		-	<u> </u>	, , , , , , , , , , , , , , , , , , ,	
е	Qualifying distributions made directly				م. ر	
	for active conduct of exempt activities				*	
	Subtract line 2d from line 2c				<i>*</i>	
3	Complete 3a, b, or c for the			مر مر م		
	alternative test relied upon			de de la companya de		
а	"Assets" alternative test – enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)			25-20 P		
b	"Endowment" alternative test – enter 2/3		A+2			
	of minimum investment return shown in					
	Part X, line 6 for each year listed		/			
С	"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)		<u> </u>			
	(3) Largest amount of support from					
	an exempt organization		·			
	(4) Gross investment income	<u> </u>				
Pa	ort XV Supplementary Inform			he foundation ha	d \$5,000 or more	in assets at
	any time during the ye		ions.)			·
1	Information Regarding Foundation Ma	•				
а	List any managers of the foundation who I	have contributed more	than 2% of the total cor	ntributions received by	the foundation	
	before the close of any tax year (but only i	•	_	ee section 507(d)(2))		
	TERRIE HEISLER ALLIS		MANAGER			
b			•		rtion of the	
	ownership of a partnership or other entity)	of which the foundatio	n has a 10% or greater	ınterest		
	N/A				<u> </u>	
2	Information Regarding Contribution, G					
	Check here ▶ X if the foundation only	makes contributions to	preselected chantable	organizations and doe	s not accept	
	unsolicited requests for funds. If the found	lation makes gifts, gran	its, etc (see instruction:	s) to individuals or orga	inizations under	
	other conditions, complete items 2a, b, c,	and d				
а	The name, address, and telephone number	er or e-mail address of	the person to whom ap	plications should be ad	dressed	
	N/A					
b	The form in which applications should be	submitted and informat	ion and materials they s	should include		· · · · · · · · · · · · · · · · · · ·
	N/A					
c	Any submission deadlines					
	N/A					
	Any restrictions or limitations on awards, s	such as by geographica	il areas, chantable field	s, kinds of institutions.	or other	
	factors	, .				
	N/A					

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year USO OF NORTH CAROLINA P.O. BOX 91536 PUBLIC ORG. RALEIGH NC 27675 SUPPORTING MILITARY PERSONNEL 20,000 STRASBURG COMMUNITY PARK FOUNDATION PUBLIC ORG. 151 PRECISION AVE. STRASBURG PA 17579 PROVIDE RECREATIONAL FACILITIES 3,000 STRASBURG JAYCEE PARK P.O. BOX 45 PUBLIC ORG. PROVIDE RECREATIONAL FACILITIES STRASBURG PA 17579 2,000 STRASBURG-HEISLER LIBRARY 143 PRECISION AVE. PUBLIC ORG. EDUCATIONAL RESOURSES & LIBRARY SERV STRASBURG PA 17579 10,000 NATIONAL ALLIANCE ON MENTAL ILLNES 1536 W. CHICAGO AVE. #1 PUBLIC ORG. CHICAGO IL 60642 TO PROVIDE AND TO THE MENTALLY ILL 1,375 ST PHILIP'S EPISCOPAL CHURCH 403 E. MAIN ST PUBLIC ORG. ADVANCING RELIGION DURHAM NC 27702 3,000 SOUTHPORT OAK INTERFAITH FOODPANTRY P.O. BOX 711 PUBLIC ORG. OAK ISLAND NC 28465 **PROVIDE** FOOD FOR THE POOR & HUNGRY 3,000 42,375 Total **▶** 3a b Approved for future payment N/A Total

Part VVI		tivities				
	A Analysis of Income-Producing Ac		ed business income	Evoludo	d by section 512, 513, or 514	
enter gross am	nounts unless otherwise indicated	(a)	(b)	(c)	(d)	(e) Related or exempt
		Business code	Amount	Exclusion code	Amount	function income
1 Program s	ervice revenue			ļ		(See instructions)
a		-				
b		_		<u> </u>		·
c		_		ļ		
d		_		ļ		
е		_		-		·
f		_ \		ļ		
g Feesa	and contracts from government agencies			<u> </u>		
2 Membersh	up dues and assessments			 		
3 Interest on	savings and temporary cash investments			14_	254	
4 Dividends	and interest from securities			 		
5 Net rental	income or (loss) from real estate					
a Debt-fi	inanced property			ļ		
b Not de	ebt-financed property			 		
	income or (loss) from personal property			ļ		
7 Other inve	stment income			↓		
8 Gain or (lo	ss) from sales of assets other than inventory			 		
	e or (loss) from special events		<u> </u>	├		
•	fit or (loss) from sales of inventory		<u> </u>	_		
11 Other reve	nue a	_		 		
b		_		<u> </u>		
				 		
d		_		 		
e		-	ļ	 		
	Add columns (b), (d), and (e)		0	<u> </u>	254	
	l line 12, columns (b), (d), and (e)		-		13 _	254
_	et in line 13 instructions to verify calculations)					
Part XVI-I						
Line No.	Explain below how each activity for which income					,
N/A	accomplishment of the foundation's exempt purpo	uses (other than t	by providing lunds for S	uch purp	oses) (See instructions	<u>) </u>
N/A						
	 					
		 				
						
						
	 					
						
						
						
	 					
						
	 					
	 				- 	
	 					
		.				
	 	•				
		 -				
		•				
						
		 				
	 			——		
	 					
	•					

Part :		_	_	nsfers To and	d Transaction	ons and Relationsh	nips With Nonchar	itable		
		empt Organiza							\ <u>\</u>	
	-					ther organization describe			Yes	No
	-	e) of the Code (other)	than section	501(c)(3) organiza	ations) or in se	ction 527, relating to polit	icai			
	ganizations?	the reporting foundati	ion to a none	shaatabla avomnt	organization of	·				1
	ansiers ironi i) Cash	the reporting foundat	ion to a nork	maniable exempt	organization Oi	•		1a(1)	1	х
•) Other asset	he.						1a(1)		X
	ther transaction							10(2)	\vdash	
		sets to a noncharitab	le evemnt or	rganization				16(1)		x
	•	of assets from a non		=	1			1b(2)		X
• •	•	cilities, equipment, o		, ,	,			1b(3)		X
` '	,	ment arrangements	. 01.107 4000					1b(4)		X
	•	an guarantees						1b(5)		X
	•	e of services or men	nbership or f	undraising solicita	tions			1b(6)		X
c Sh	nanng of facilit	ties, equipment, mail	ing lists, othe	er assets, or paid o	employees			1c		X
d Ift	the answer to	any of the above is "	Yes," compl	ete the following s	chedule Colur	nn (b) should always sho	w the fair market			
va	lue of the god	ods, other assets, or	services give	en by the reporting	foundation If	the foundation received le	ess than fair market			
va	ilue in any trai	nsaction or sharing a	rrangement,	show in column (d) the value of	the goods, other assets,	or services received			
	ine no	(b) Amount involved	(c) Name	of nonchantable exemp	pt organization	(d) Description	of transfers, transactions, and st	anng arrangemen	its	
N/A										
			<u>-</u>							
						_{	·· ·			
						- 	 			
		-								
										
						- 	 _			
		_							-	
2a Is	the foundatio	n directly or indirectly	affiliated wi	th, or related to, or	ne or more tax	exempt organizations				
de	escribed in se	ction 501(c) of the Co	ode (other th	an section 501(c)	(3)) or in sectic	n 527 ⁹		Ye	es 🏋	No
b _lf	"Yes," comple	ete the following sche	dule							
		ame of organization		(b) Type of o	organization		(c) Description of relationship	<u> </u>		
N/	Α									
										
										
					_					
	Under penaltie	es of penury. I declare that	I have examine	ed this return, including	accompanying sci	nedules and statements, and to	the best of my knowledge and b	pelief it is true	—	
						f which preparer has any knowle	edge ———	IRS discuss this re		
Sign]			\circ				preparer shown be		J
Here	صه	. \ 0,	/				(see ins	tructions)?	Yes] No
11616	1	Areo Lloo	OOK) (1	100erst	1 /	1-13-2017	TRUSTEE/MN	GR		
	Signature	of officer or trustee	wo y	morn _		ate	Title			
	' 	reparer's name			Preparer's sign	ature/		Date	Γ.	$\overline{\Box}$
		,			(D)	A) ~ / _	a+1	/ 1	Check self-em	
Paid	ROBERT	CLEMENT, CP	A, MST		10 This	Jelman C	PA MSI	1/3/18		
Prepare	Firm's name			SSOCIATES	S, CPA'	3	PTIN	P00839	669	,
Use On	Firm's addre			SANCE DR			Firm's EIN ▶	36-420		
			RIDGE,		68-1464		Phone no	847-82		
									00 D	

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

Employer identification number

2016

36-3677275 DOROTHY & KENNETH HEISLER FOUNDATION Organization type (check one) Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable 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 X 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 331/3 % 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

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)

contribution, 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

Name of organization
DOROTHY & KENNETH HEISLER FOUNDATION

Employer identification number 36-3677275

Part I	Contributors (See instructions). Use duplicate copies of P	Part I if additional space is need	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KENNETH M. HEISLER CHARITABLE LEAD ANNUITY TRUST DATED 1/27/16 2950 LEGENDS DR. SOUTHPORT NC 28461	\$ 139,303	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130.	round, sauredd, sire i v	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
- 132		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization DOROTHY & KENNETH HEISLER FOUNDATION

Employer identification number 36-3677275

Part II	Noncash Property (See instructions). Use duplic	ate copies of Part II if additional spa	ice is needed (N/A
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

lame of org			Page Page Page Page Page Page Page Page
	HY & KENNETH HEISLER FOUNDAT		36-3677275
Part III	Exclusively religious, charitable, etc., contributions (10) that total more than \$1,000 for the year from all the following line entry. For organizations completing Pacontributions of \$1,000 or less for the year. (Enter this Use duplicate copies of Part III if additional space is ne	ny one contributor. Complete colunt art III, enter the total of exclusively re information once. See instructions.)	nns (a) through (e) and ligious, chantable, etc.
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4	Relat	tionship of transferor to transferee
a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP + 4	(e) Transfer of gift Relatio	onship of transferor to transferee
a) No from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	L
	Transferee's name, address, and ZIP + 4	Relat	tionship of transferor to transferee
a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	<u> </u>

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

HEISLERFOUN DOROTHY & KENNETH HEISLER FOUNDATION
36-3677275
FYE: 3/31/2017

Fees
counting
- Ac
16b
I, Line 16b -
Part
990-PF
- Form
÷
tatement 1

Charitable Purpose	φ.	\$		Charitable	Purpose	\$						\$
Adjusted Net	ا د	\$	xpenses	Adjusted	Net	v,						O S
Net Investment	S	\$	- Form 990-PF, Part I, Line 23 - Other Expenses	Net	Investment	જ						0
Total	\$ 2,225	\$ 2,225	Statement 2 - Form 990-PF, P		lotal	· •		103	74	m	158	\$ 338
Description	INDIRECT ACCOUNTING FEES	TOTAL	Stal		Description		EXPENSES	BANK CHARGES	POSTAGE	TAXES	ADMINISTRATION	TOTAL

HEISLERFOUN DOROTHY & KENNETH HEISLER FOUNDATION

36-3677275

Federal Statements

FYE: 3/31/2017

Statement 3 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Beginning of Year		End of Year	Fair Market Value		
INTEREST RECEIVABLE	\$ 456	\$	149	\$	149	
TOTAL	\$ 456	\$	149	\$	149	

City, State, Zip Statement 4 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors SOUTHPORT NC 28461 HEISLERFOUN DOROTHY & KENNETH HEISLER FOUNDATIO
36-3677275 Address KENNETH M. HEISLER CHARITABLE LEAD 2950 LEGENDS DR. Name 36-3677275 FYE: 3/31/2017

36-3677275 Federal Statements FYE: 3/31/2017						
Farm 000 DF Dark VV Line do Managara Wh	- Cantributed Over 00/ as 05 000					
Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000						
Name of Manager RRIE HEISLER ALLISON, TRUSTEE/MANAGER	Amount 5					
TOTAL	\$0					