Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation	1–1	FY
Do not enter social security numbers on this form as it may be made public.	1 1	
▶ Do not enter social security numbers on this form as it may be made public, mation about Form 990-PF and its separate instructions is at www.irs.gov/form	ip90j	ph)

2016

		ndar year 2016 or tax year beginning SEF	1, 2016	, and ending	AUG 31, 2017	Open to Public Inspection
		f foundation		,	A Employer identification	number
70	17 D	DOWN DAVI DAVILY HOUND	A M T O M		1	
_		REW M PAUL FAMILY FOUND and street (or PO box number if mail is not delivered to street		I Boom/outo	13-7143442	
	183	·	t address)	Room/suite	B Telephone number 212-307-33	85
_		town, state or province, country, and ZIP or foreign p	notal code		 	
		NXVILLE, NY 10708	Jostai Code		C If exemption application is p	ending, check here
		k all that apply Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	. check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
H	Check	k type of organization X Section 501(c)(3) e.	xempt private foundation	$\mathcal{C}_{\mathcal{A}}$	 E If private foundation state	us was terminated
\Box	Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	under section 507(b)(1)	
I F	air ma	arket value of all assets at end of year J Account	•	Accrual	F If the foundation is in a	60-month termination
			ther (specify)	,	under section 507(b)(1)	(B), check here
	\$	62,495 (Part I, colu	T	basis.)		(4)
P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) }	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1,747,125.			
	2	Check ▶ ☐ If the foundation is not required to attach Sch. B				+·
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	53.	53.	 	STATEMENT 2
	١.	Gross rents				
	1	Net rental income or (loss)	<648.	>	# The same of the	STATEMENT 1
ĕ	h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 31,477.	1010.		HEGEN	
Revenue	7	Capital gain net income (from Part IV, line 2)		12,979.	8	78
يّ	8	Net short-term capital gain			18 DEC 2 1 2	W 19
	9	Income modifications			0005	
	10a	Gross sales less returns and allowances			1000 CC 10	J1
	}	Less Cost of goods sold				
	i	Gross profit or (loss)	-			
	11	Other Income Total, Add lines 1 through 11	1,746,530.	13,032.	0.	
	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
Ses	16a	Legal fees				
<u>B</u>	ı	Accounting fees STMT 3	4,425.	2,212.	. 0.	2,213.
Ä	I	Other professional fees STMT 4	5,000.	5,000.	0.	0.
tive	l .	Interest Taxes STMT 5	4,937.	0.	0.	0.
stra	18		4,937.	<u></u>	· · · · · · · · · · · · · · · · · · ·	0.
ig.	19 20	Depreciation and depletion Occupancy				
Adn	21	Travel, conferences, and meetings				
ñ	22	Printing and publications		 		
Operating and Administrative Expenses	23	Other expenses STMT 6	104.	0.	0.	100.
rati	24	Total operating and administrative				
De	1	expenses. Add lines 13 through 23	14,466.	7,212.	0.	2,313. 2,223,467.
0	ı	Contributions, gifts, grants paid	2,223,467.			2,223,467.
	26	Total expenses and disbursements Add lines 24 and 25	2,237,933.	7,212.	0.	2,225,780.
	27	Subtract line 26 from line 12	2,23,,,,,,,,	112326	0.	2,225,100.
	l	Excess of revenue over expenses and disbursements	<491,403.	>		
	l	Net investment income (if negative, enter -0-)		5,820.		
	_c	Adjusted net income (if negative, enter -0-)			0.	

623511 11-23-16

4 Add lines 1, 2, and 3

4

5

62,495.

Form 990-PF (2016)

Other increases 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

Decreases not included in line 2 (itemize)

2-story brick w	arehouse, or c	s) of property sold (e c common stock, 200 sh	g , real estate, is MLC Co)		1 P-P	v acquired urchase onation	(mo ,	acquired day, yr)	(d) Date sold (mo , day, yr)
a 1,937 SHS K2M	GROUP	HLDGS INC					08/2	2/16	09/12/16
b					ļ				
<u>c </u>					ļ				<u> </u>
<u>d</u>					 				
<u>e</u>	(0.5)		7		 - -		43.4		<u> </u>
(e) Gross sales price	(0	reciation allowed r allowable)		st or other basis expense of sale				Gain or (loss is (f) minus	(g)
a 31,477.	'		 	18,49	8.				12,979
<u>b</u>	 								
<u>C</u>	 		 			 			
<u>d</u>	 		 						
e Complete only for assets show	ing cain in coli	imp (h) and owned by	the foundation	on 12/31/60			(I) Come //	Ool (b) assa	
Complete only for assets show	T					c		Col (h) gain not less thai	
(i) F M V as of 12/31/69		djusted basis of 12/31/69		xcess of col (i) col (j), if any	ļ	•		(from col (
	+			(111 201)					12,979
<u>a</u>	 		 	·					12 3 3
<u>b</u>	 		 						
d	 		 						
e	 	 	 						
<u> </u>		C 14	<u> </u>		$\neg\vdash$	\neg			
Capital gain net income or (net c	anital Ince\	If gain, also ente			} 2				12,979
, ,	•	•		• •	7 -	_}			
Net short-term capital gain or (lo		in sections 1222(5) ai	nd (6)) l	}			
If gain, also enter in Part I, line 8					l l	}		N/A	
If (loss), enter -0- in Part I, line 8 Part V Qualification I or optional use by domestic private	Jnder Sec te foundations	stion 4940(e) for subject to the section				tment ir	come	N/A	
If (loss), enter -0- in Part I, line & Part V Qualification Use by domestic private section 4940(d)(2) applies, leave that the foundation liable for the section 4940, the foundation does not qualification.	Jnder Sec te foundations this part blank ction 4942 tax alify under sect	subject to the section on the distributable an tion 4940(e). Do not co	4940(a) tax on mount of any younglete this pa	n net investment in ear in the base per art	rod?	tment Ir	come	N/A	
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Form 990-PF (2016) Part VI Excise	ANDREW M PAUL FAMILY FOUNDATION Tax Based on Investment Income (Section 494)		40	/ /40/b) 4940/a	\ 07.		7143			Page 4	
	indations described in section 4940(d)(2), check here ▶ □ and e				<u>,, or ·</u>	1940	- 566	instru	ICHO	ns)	
					ĺ						
	rmination letter (attach copy of letter if new statements in Part V, check here				(E 0	
	s that meet the section 4940(e) requirements in Part V, check here	- [A]	an	d enter 1%	ľ	1				<u>58.</u>	
of Part I, line 27b	and the second of the OTL Franch for										
	undations enter 2% of line 27b Exempt foreign organizations enter 4%			, , ,)					_	
	1 (domestic section 4947(a)(1) trusts and taxable foundations only $ { m O} $	thers er	nter	· - 0-)		2				<u>0.</u>	
3 Add lines 1 and 2						3_				58.	
	x (domestic section 4947(a)(1) trusts and taxable foundations only C	thers e	nter	r -0-)		4_				0.	
	ment income. Subtract line 4 from line 3 If zero or less, enter -0-					5_				58.	
6 Credits/Payments)	,								
	ayments and 2015 overpayment credited to 2016	<u>6a</u>	4	1,0	000.						
	izations - tax withheld at source	6b	4_								
c Tax paid with applicati	ion for extension of time to file (Form 8868)	6c	\perp								
d Backup withholding er	rroneously withheld	6d		·							
7 Total credits and payr	ments Add lines 6a through 6d					7			1,0	00.	
8 Enter any penalty for a	underpayment of estimated tax. Check here if Form 2220 is atta	ched				8					
9 Tax due. If the total of	f lines 5 and 8 is more than line 7, enter amount owed					9					
10 Overpayment. If line 7	7 is more than the total of lines 5 and 8, enter the amount overpaid					10			9	42.	
11 Enter the amount of lin	ne 10 to be Credited to 2017 estimated tax			942 . Refund	ed 🕨	11		_		0.	
Part VII-A State	ments Regarding Activities										
1a During the tax year, di	id the foundation attempt to influence any national, state, or local legis	lation o	r di	d it participate or in	tervene	ın			Yes	No	
any political campaign								1a		X	
b Did it spend more than	n \$100 during the year (either directly or indirectly) for political purpos	es (see	e ins	structions for the de	efinition	12		1b		X	
	s" to 1a or 1b, attach a detailed description of the activities al							- '' -	-	 -	
	oundation in connection with the activities.			or any materials	poo	.00 0/]			
	Form 1120-POL for this year?							10		X	
	ny) of tax on political expenditures (section 4955) imposed during the	vear									
(1) On the foundation	0 • (2) On foundation managers	▶ \$			0.						
	ent (if any) paid by the foundation during the year for political expendi					•					
managers > \$		aro tux		possa on roundatio							
	gaged in any activities that have not previously been reported to the IF	152						2	İ	X	
	etailed description of the activities.										
	ade any changes, not previously reported to the IRS, in its governing in	netrume	ent	articles of incorpor	ration o	r			1		
	ar instruments? If "Yes," attach a conformed copy of the change		o 111 <u>1</u> ,	articles of incorpor	ation, u	"		3	1	X	
	re unrelated business gross income of \$1,000 or more during the year							4a		$\frac{\mathbf{x}}{\mathbf{x}}$	
	ix return on Form 990-T for this year?	•				M	/A	4b	i	<u></u>	
	n, termination, dissolution, or substantial contraction during the year?					14	21	5		X	
	statement required by General Instruction T.										
	of section 508(e) (relating to sections 4941 through 4945) satisfied eit	har							1		
	loverning instrument, or	1161							1		
	hat effectively amends the governing instrument so that no mandatory	directi	000	that conflict with th		la			1		
remain in the governing		unecti	10115	that conflict with ti	ile State	law			v		
	e at least \$5,000 in assets at any time during the year? If "Yes," com		Δ					6	X	——	
P Did the loandation have	re at least \$5,000 in assets at any time during the year in Yes, Com	ipiete r	Pan	t II, coi. (c), and F	ап хү			7	-^-	—	
8a Enter the ctates to whis	ch the foundation reports or with which it is registered (see instruction										
NY	cit the loandation reports of with which it is registered (see instruction	is) -	—								
	o line 7, has the foundation furnished a copy of Form 000 DE to the Atlanta	torne: '		and for decreases 5							
	o line 7, has the foundation furnished a copy of Form 990-PF to the At	torney (uen	erai (or designate)				_	ų.		
	ed by General Instruction G? If "No," attach explanation	a	404	.\(0) == 40.40()(=)				8b	X		
	ning status as a private operating foundation within the meaning of sec				ror calei	ndar			- 1	v	' <i>]</i>
	le year beginning in 2016 (see instructions for Part XIV)? If "Yes," co							9		<u>X</u> .	L
TO DIO ally DEISONS DECON	me substantial contributors during the tax year? if 'Yes,' attach a schedule	e listing t	their	names and addresses	<u> </u>			10		<u>X</u>	
							For	ո 990	-PF (2016)	

Forn	n 990-PF (2016) ANDREW M PAUL FAMILY FOUNDATION 13-	714344	2	Page 5
P	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	:	}	Ì
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	}	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privilege	s?	1	
	If "Yes," attach statement (see instructions)	12	: }	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		
	Website address ► N/A			
14	The books are in care of ► ANDREW M PAUL Telephone no ►21	2-207-	3385	
• •		▶1070		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	·		
	and enter the amount of tax-exempt interest received or accrued during the year		N/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
.,	securities, or other financial account in a foreign country?	16	→	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		- 	
	foreign country			
p,	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u></u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
4.	a During the year did the foundation (either directly or indirectly)		1.63	140
16		7 No		
		טא ב		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X	7 No		
	(*)	_ [
		טאר		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	7 440	-	
		טאו ר	-	
	(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 termination of government service, if terminating within 90 days.)	7 40	-	
		טא רַ		
ı	b-If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	/A 1b	.	
	Control of the first of the fir	/A 1b		
	organizations relying on a different notice regarding disaster assistance check note			
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1 40		х
_	before the first day of the tax year beginning in 2016?	10		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		į	
	defined in section 4942(j)(3) or 4942(j)(5))			
â	a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? Yes X	7		
		וייי		
	If "Yes," list the years \(\bigs_{ \text{if the years}} \)	1		
ľ	a 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	/A 2b		1
		/ A 2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
•	Public for all the hold was the second with the second was the second with the second was the sec	1		
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X	7 No.		
	— · · ·	טאר (
	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		Į.	
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	-		
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	/A 3b	.	1
	7 - 77	<u> </u>		X
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u>4a</u>	-	-A
t	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	46		Х
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	Eorm Q	90-PF	
		ruilii 3 7	ンシーアド	(4010)

Form 990-PF (2016)

<u>F0</u>	m 990-PF (2016) ANDREW M PAUL FAMILY FOUNDATION	13-	-/143442 Page 8
F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations,	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	1 <u>a</u>	87
b	Average of monthly cash balances	1b	441,885
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	441,972
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	441,972
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,630
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	435,342
6	Minimum investment return. Enter 5% of line 5	6	21,767
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part)	ind certain	
1	Minimum investment return from Part X, line 6	1	21,767
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	58
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	21,709
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	21,709
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	21,709
P	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	2,225,780
b	Program-related investments - total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,225,780
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	58
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,225,722
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies fo	the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				21,709.
2 Undistributed income, if any, as of the end of 2016	·			
a Enter amount for 2015 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2016	, , , , , , , , , , , , , , , , , , , 		41/	\$*
a From 2011 181, 104.				
b From 2012 137, 133.				
c From 2013 254, 469.				
d From 2014 185,527.				
e From 2015 1,887,403.				
f Total of lines 3a through e	2,645,636.			
4 Qualifying distributions for 2016 from				
Part XII, line 4 ▶\$ 2,225,780.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior		<u> </u>		
vears (Election required - see instructions)		0.		
c Treated as distributions out of corpus		· · · · · · · · · · · · · · · · · · ·		
(Election required - see instructions)	0.			_,, _, _,,
d Applied to 2016 distributable amount	.,			21,709.
e Remaining amount distributed out of corpus	2,204,071.			
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,849,707.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	7	0.		
d Subtract line 6c from line 6b Taxable				······································
amount - see instructions		0.		
e Undistributed income for 2015 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2016 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	181,104.		<u></u>	<u></u>
9 Excess distributions carryover to 2017.	4 660 600			
Subtract lines 7 and 8 from line 6a	4,668,603.			
10 Analysis of line 9				
a Excess from 2012 137, 133.	1			
b Excess from 2013 254, 469.				
c Excess from 2014 185,527.	1			
d Excess from 2015 1,887,403. e Excess from 2016 2,204,071.				
e Excess from 2016 2, 204, 071.	i		<u> </u>	Form 990-PF (2016)

	M PAUL FAMI				·7143442 Pag
Part XIV Private Operating I				N/A	
1 a If the foundation has received a ruling			\		
foundation, and the ruling is effective fo		•	▶ ∟		
b Check box to indicate whether the foun		ng foundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		/
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Totál
investment return from Part X for		1	1	1	
each year listed					
b 85% of line 2a			<u> </u>		/
c Qualifying distributions from Part XII,		ţ			
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of			}		
exempt activities				<u> </u>	
e Qualifying distributions made directly	`				
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon a "Assets" alternative test - enter				į	
(1) Value of all assets		X		i	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)				_	_ 1
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					ļ
investment income (interest,		l			
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)	-		<u> </u>		1
(2) Support from general public			T		
and 5 or more exempt organizations as provided in		[ļ
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part-XV Supplementary Info			if the foundation	on had \$5,000 or	more in assets
at any time during	the year-see instr	ructions.)			
1 Information Regarding Foundation	_				
a List any managers of the foundation wh			tributions received by t	he foundation before the	close of any tax
year (but only if they have contributed i	nore than \$5,000) (See so	ection 507(d)(2))			
ANDREW M PAUL					.
b List any managers of the foundation wh			(or an equally large por	rtion of the ownership of	i a partnership or
other entity) of which the foundation ha	.s a 10% of greater interes	ol .			
NONE					
2 Information Regarding Contribut					
Check here ► X if the foundation of the foundation makes gifts, grants, etc.					
					, and d
a The name, address, and telephone num	iber or e-mail address of ti	ne person to whom app	lications should be addi	ressed	
b The form in which applications should	be submitted and informat	tion and materials they s	hould include		
c Any submission deadlines					
		,			
d Any restrictions or limitations on award	s, such as by geographica	n areas, charitable fields	, kinds of institutions, o	r other factors	
623601 11-23-16					Form 990-PF (20
020001 11-20-10					FUILL 330-FF (2)

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
AIM FOR MENTAL HEALTH	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
P.O. BOX 4235			ACTIVITIES BASED ON	
CARMEL, CA 93921		1	RECIPIENT	
			ORGANIZATION'S	
		 	MISSION.	1,500
ALS.NET	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
300 TECHNOLOGY SQUARE SUITE 400	[ACTIVITIES BASED ON	
CAMBRIDGE, MA 02139		ſ	RECIPIENT	
•			ORGANIZATION'S	
			MISSION.	1,000
ASPEN INSTITUTE	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
ONE DUPONT CIRCLE, NW SUITE 700	}	ĺ	ACTIVITIES BASED ON	
WASHINGTON, DC 20036			RECIPIENT ORGANIZATION'S	
	ļ	į	MISSION.	10 000
	<u> </u>	 	MISSION.	10,000
BEREAVEMENT CENTER	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
670 POST ROAD #213			ACTIVITIES BASED ON	
SCARSDALE, NY 10583			RECIPIENT	
			ORGANIZATION'S	= -
			MISSION.	1,000
BREAST CANCER RESEARCH FOUNDATION	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
GALA			ACTIVITIES BASED ON	
60 EAST 56TH STREET 8TH FL			RECIPIENT	
NEW YORK, NY 10022			ORGANIZATION'S	
		<u> </u>	MISSION.	5,500
	NTINUATION SHEE	ET(S)	<u>▶ 3a</u>	2,223,467
b Approved for future payment				
NO.				
NONE				
			}	
		,	}	
			ļ	
		 		
Total		<u> </u>		
Total			<u>▶ 3b</u>	0 m 990-PF (2016

Part XVI-A Analysis	of Income-Producing	Activities
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Enter gross amounts unless otherwise indicated	Unrelated	business income		d by section 512, 513, or 514	(e)	
·	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue	code	Amount	code	Airiount	Tunction income	
a	- 					
b			-+			
<u> </u>	l l					
<u> </u>	()		-			
f	-		_	· · · · · · · · · · · · · · · · · · ·		
g Fees and contracts from government agencies			-			
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities			14	53.		
5 Net rental income or (loss) from real estate				***************************************		
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			18	<648.>		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a	_					
b	_					
c	_	-				
d	_					
e	_				· · · · · · · · · · · · · · · · · · ·	
12 Subtotal Add columns (b), (d), and (e)).	<595. >	0	
13 Total. Add ime 12, columns (b), (d), and (e)				13	<595	

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Part XVI-B
--

Line Na. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)

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Fait	** # ##	Exempt Organ		ipieto to	and transactions	and Relations	snips with ivon	icnaritable	•	
1 Did	thoor			of the follows	on with any other arranged		tran 501/a) af		Yes	No
		•			ng with any other organizat		11011 50 1(0) 01		162	140
		·			27, relating to political orga	inizations /				
		from the reporting found	iation to a nonchant	apie exempt of	gamzation of			10/1		v
	Cash	assets						1a(1)		X
		sactions						1a(2)		
			this everent erangize	.t.on				15/1		Х
		of assets to a noncharita nases of assets from a no						1b(1)	-	X
		iases of assets from a fid if of facilities, equipment,		uryannzaniun				1b(2)		X
		bursement arrangements						1b(3)		X
		oursement arrangements s or loan guarantees	,					1b(4)		X
			ambarahin ar fundra	ioina oolioitatii	200			1b(5)		X
(6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees								1b(6)		X
	-	•	•		ipioyees edule Column (b) should a	lwave chow the fair	market value of the a	1c	otc	
					red less than fair market val				cis,	
) the value of the goods,			co icos thair iail market vai	ide in any transaction	ii or sharing arrangen	iont, anow in		
(a) Line no	<u>·</u>	(b) Amount involved			e exempt organization	(d) Description	n of transfers, transaction	s, and sharing an	angeme	ents
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ 	1-	(-/	1	N/A		(-/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o, a.r. ona.r.g a.r.		
	+		 				····			
	+		 				 			
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00 10 11			Abo office and with an					 ,		
		solution directly or indirection of the Code (othe	-		or more tax-exempt organ	lizations described		Yes	Y] No
		emplete the following sch	·)(3)) UI III SECI	11011 321 7			163	L.23	טויו נ
<u> </u>	63, 66	(a) Name of org			(b) Type of organization	T	(c) Description of rela	ationship		
		N/A			(2) 1) po ot organization	 	(2) 2000		~	
	Under	penalties of penusy, I declare	that I have examined the	is return, includir renarer lather tha	ng accompanying schedules and in taxpayer) is based on all infor	d statements, and to the	best of my knowledge	May the IR d		
Sign					12/11/17		-	return with and shown below	'se nst	2r g 17
Here		_ (Maler	Mac	<u> </u>		TRUST	EE	X Yes	<u> </u>	J No
	Sign	ature of officer or trustee		TD	Date	Title	Obsali Cil di	NT/11		
		Print/Type preparer's na		Preparer's	ignature	Date	Check if I self- employed	PTIN		
Paid		JAY A. FRI CPA	EDMAN,	TAVEN	POTEDMAN	12/05/17		D00100	1 2 0	
Prepa	irer	Firm's name ▶ PER	ELSON WEI	DAY/A/	FRIEDMAN,	12/03/11	Firm's EIN ► 13	P00180		—
Use C		LITTLE PROPERTY	THEON WEI		· -		FINIT SEIN F 13	JIJIJ.	, _	
		Firm's address ► ON	E DAG HAM	MARSKJ	OLD PLAZA		 			
			W YORK, N				Phone no 212	-605-3	100	
								Form 990		(2016)

3 Grants and Contributions Paid During the Y	ear (Continuation)		1	
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BRONXVILLE BEAUTIFICATION	NONE		VARIOUS CHARITABLE	 _
P.O. BOX 127		l obbit cimerii	ACTIVITIES BASED ON	
BRONXVILLE, NY 10708			RECIPIENT	
5.00mm - 1222, 111 - 101 - 101			ORGANIZATION'S	
			MISSION.	250
BRONXVILLE HISTORICAL SOCIETY	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
P.O. BOX 989			ACTIVITIES BASED ON	
BRONXVILLE, NY 10708			RECIPIENT	
			ORGANIZATION'S	
			MISSION.	1,000
BRONXVILLE LIBRARY	NONE	PUBLIC CHARTTY	VARIOUS CHARITABLE	
201 PONDFIELD ROAD)	ACTIVITIES BASED ON	
BRONXVILLE, NY 10708			RECIPIENT	
DRONKVIDIZ, NI 10700			ORGANIZATION'S	
				100
BRONXVILLE REFORMED CHURCH	NONE	DIDITO CUADITO	MISSION. VARIOUS CHARITABLE	100
180 PONDFIELD ROAD	NONE	FUBBLIC CHARITI	ACTIVITIES BASED ON	
BRONXVILLE, NY 10708			RECIPIENT	
BROWNTEDE, MI 10/00		}	ORGANIZATION'S	
		,	[75 000
BRONXVILLE SCHOOL FOUNDATION	NONE	DUDI TO CUADION	MISSION. VARIOUS CHARITABLE	75,000
177 PONDFIELD ROAD	NONE	PUBLIC CHARITI	i i	
BRONXVILLE, NY 10708		1	ACTIVITIES BASED ON RECIPIENT	
BROWNTEDE, NI 10/00			ORGANIZATION'S	
				1 000
BRONXVILLE SENIOR CITIZEN COUNCIL	NONE	DUDI TO CHARTON	MISSION. VARIOUS CHARITABLE	1,000
200 PONDFIELD RD	HONE	FUBBLIC CHARITI	ACTIVITIES BASED ON	
BRONXVILLE, NY 10708			RECIPIENT	
BROWNVILLE, MI 10700			ORGANIZATION'S	
		ţ	MISSION.	500
BRONXVILLE YOUTH LACROSSE ASSOCIATION	NONE	DIIBLIC CHARLEY	VARIOUS CHARITABLE	
85 PARKWAY ROAD, 1R	NO.	TOBBIC CHARIII	ACTIVITIES BASED ON	
BRONXVILLE NY 10708			RECIPIENT	
DRONAVIDDD, NI 10700			ORGANIZATION'S	
	}	\	MISSION.	500
CANCER RESEARCH INSTITUTE	NONE	DIDITO CUADITO	VARIOUS CHARITABLE	
55 BROADWAY, SUITE 1802	HOME	TOBBIC CHARITI	ACTIVITIES BASED ON	
NEW YORK, NY 10006		1	RECIPIENT	
MAN TORK, MA TOOG			ORGANIZATION'S	
			MISSION.	92,613
COLORADO COLLEGE	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
14 E CACHE LA POUDRE ST			ACTIVITIES BASED ON	
COLORADO SPRINGS, CO 80903			RECIPIENT	
			ORGANIZATION'S	
			MISSION.	7,500
CORNELIA CONNELLY CENTER	NONE	PUBLIC CHARTTY	VARIOUS CHARITABLE	7,300
220 E 4TH ST			ACTIVITIES BASED ON	
NEW YORK, NY 10009			RECIPIENT	
man south, at a 2000			ORGANIZATION'S	
			MISSION,	500
Total from continuation sheets	·L	<u> </u>	FILESTON.	2,204,467

ANDREW M PAUL FAMILY FOUNDATION

3 Grants and Contributions Paid During th	e Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
CORNELL FOOTBALL ASSOCIATION	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
6321 PORTER ROAD, SUITE 8]		ACTIVITIES BASED ON	
SARASOTA, FL 34240	1	1	RECIPIENT	
			ORGANIZATION'S	
			MISSION.	2,500
CORNELL UNIVERSITY	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
144 EAST AVENUE	ł		ACTIVITIES BASED ON	
ITHACA, NY 14853	}	1	RECIPIENT	
		1	ORGANIZATION'S	
		<u> </u>	MISSION.	1,391,000
DESTINATION COLLEGE	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
81 PONDFIELD ROAD #290	l		ACTIVITIES BASED ON	
BRONXVILLE, NY 10708	1		RECIPIENT	
)		ORGANIZATION'S	
			MISSION.	500
FIBROLAMELLAR CANCER FOUNDATION	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
20 HORSENECK LN	ì		ACTIVITIES BASED ON	
GREENWICH, CT 06830	ł		RECIPIENT	
		į	ORGANIZATION'S	
			MISSION,	5,000
FRED'S TEAM (MEMORIAL SLOANE	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
KETTERING)	{		ACTIVITIES BASED ON	
885 SECOND AVENUE, 7TH FLOOR			RECIPIENT	
NEW YORK, NY 10017			ORGANIZATION'S	
		<u> </u>	MISSION.	1,000
GRAHAM WINDHAM	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
6279 LAKE OSPREY DRIVE			ACTIVITIES BASED ON	
SARASOTA, FL 34240			RECIPIENT	
			ORGANIZATION'S	
			MISSION.	16,000
HARVARD BUSINESS SCHOOL	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
TEELE HALL	Ì	1	ACTIVITIES BASED ON	
BOSTON, MA 02163			RECIPIENT	
			ORGANIZATION'S	
			MISSION.	400,000
JAZZ ASPEN SNOWMASS	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
110 E HALLAM ST #104		1	ACTIVITIES BASED ON	
ASPEN, CO 81611		,	RECIPIENT	
			ORGANIZATION'S	
			MISSION.	10,200
LAWRENCE HOSPITAL	NONE	POBLIC CHARITY	VARIOUS CHARITABLE	
55 PALMER AVE			ACTIVITIES BASED ON	
BRONXVILLE, NY 10708		1	RECIPIENT	
			ORGANIZATION'S	
WANTED BY BUILDING STATES	NOVE	DIIIV TO 0000000	MISSION.	4,150
MONTEREY PENINSULA FOUNDATION	NONE	PORPIC CHARITY	VARIOUS CHARITABLE	
1 LOWER RAGSDALE DR			ACTIVITIES BASED ON	
MONTEREY, CA 93940			RECIPIENT	
			ORGANIZATION'S	
			MISSION.	3,500

3 Grants and Contributions Paid During the	Year (Continuation)		<u>, </u>	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
NATIONAL MS	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
733 3RD AVE		}	ACTIVITIES BASED ON	
NEW YORK, NY 10017			RECIPIENT	
			ORGANIZATION'S	
			MISSION.	250
ONE LOVE FOUNDATION	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
119 PONDFIELD ROAD		\	ACTIVITIES BASED ON	
BRONXVILLE, NY 10708			RECIPIENT	
	•	1	ORGANIZATION'S	
		<u> </u>	MISSION.	2,000
PAN-MASS CHALLENGE	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
77 4TH AVE		}	ACTIVITIES BASED ON	
NEEDHAM, MA 02494			RECIPIENT	
		1	ORGANIZATION'S	
			MISSION.	1,534
PLANNED PARENTHOOD	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
349 E 149TH ST			ACTIVITIES BASED ON	
BRONX, NY 10451			RECIPIENT	
		į	ORGANIZATION'S	
			MISSION.	2,000
PLAY FOR PINK	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
175 EAST 74TH STREET, #17B		1	ACTIVITIES BASED ON	
NEW YORK, NY 10021			RECIPIENT	
·			ORGANIZATION'S	
			MISSION.	1,000
RAINFOREST FUND	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
420 LEXINGTON AVENUE, SUITE 1710	1	-	ACTIVITIES BASED ON	
NEW YORK, NY 10170	l.		RECIPIENT	
	\	ł	ORGANIZATION'S	
			MISSION.	4,380
SACRED HEART GREENWICH	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
1177 KING ST			ACTIVITIES BASED ON	
GREENWICH, CT 06831			RECIPIENT	
	f		ORGANIZATION'S	
			MISSION.	25,240
SPHINX HEAD SOCIETY	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
P.O. BOX 876			ACTIVITIES BASED ON	
ITHACA, NY 14851-0876			RECIPIENT	
			ORGANIZATION'S	
		<u> </u>	MISSION.	250
SUNY IMPACT FOUNDATION	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
116 E 55TH STREET			ACTIVITIES BASED ON	
NEW YORK, NY 10022			RECIPIENT	
			ORGANIZATION'S	
		<u> </u>	MISSION.	10,000
THE JANADA L. BATCHELOR FOUNDATION	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
FOR CHILDREN			ACTIVITIES BASED ON	
PO BOX 4541			RECIPIENT	
TULSA, OK 74159			ORGANIZATION'S	
			MISSION.	75,000
Total from continuation sheets				

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
JS SKI & SNOWBOARD TEAM FOUNDATION	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
l VICTOR LANE			ACTIVITIES BASED ON	
PARK CITY, UT 84060	Ì		RECIPIENT	
			ORGANIZATION'S	
			MISSION.	52,50
US SOCCER FOUNDATION	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
1211 CONNECTICUT AVENUE, NW STE.500			ACTIVITIES BASED ON	
WASHINGTON, DC 20036			RECIPIENT	
			ORGANIZATION'S	1 00
WEEKS MEDICAL CENTER	NONE	DIDITO CUADITO	MISSION. VARIOUS CHARITABLE	1,00
173 MIDDLE ST	NONE	FORDIC CHARIII	ACTIVITIES BASED ON	
LANCASTER, NH 03584		1	RECIPIENT	
ANCASTER, NH U3564		1	ORGANIZATION'S	
		1	MISSION.	1,50
WEINBERG FAMILY CEREBRAL PALSY	NONE	PUBLIC CHARITY	VARIOUS CHARITABLE	
3959 BROADWAY			ACTIVITIES BASED ON	
NEW YORK, NY 10032		t	RECIPIENT	
			ORGANIZATION'S	
		<u> </u>	MISSION.	15,000
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Schedule B' (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Name of the organization

Employer identification number

Ai	NDREW M PAUL FAMILY FOUNDATION	13-7143442
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(c	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.
General Rule		
	n filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions total one contributor. Complete Parts I and II. See instructions for determining a contribution	
Special Rules		
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supportant 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount 1. Complete Parts I and II.	6a, or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or ederuelty to children or animals. Complete Parts I, II, and III.	-
year, contributions is checked, enter l purpose Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro sectiusively for religious, charitable, etc., purposes, but no such contributions totaled nere the total contributions that were received during the year for an exclusively religion implete any of the parts unless the General Rule applies to this organization because e, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box ous, charitable, etc.,
but it must answer "No" or certify that it doesn't meet	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B. Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	s Form 990-PF, Part I, line 2, to

Name of organization

Employer identification number

ANDREW M PAUL FAMILY FOUNDATION

13-7143442

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANDREW M PAUL 283 PONDFIELD ROAD BRONXVILLE, NY 10708	\$32,125.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ANDREW M PAUL 283 PONDFIELD ROAD BRONXVILLE, NY 10708	\$1,715,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ANDREW M PAUL FAMILY FOUNDATION

13-7143442

Part II	Noncash Property (See instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	1,937 SHARES OF K2M GROUP HOLDINGS (KTWO)		09/12/16
		\$\$.	09/12/16
(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	(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
No.		(c) FMV (or estimate)	

Name of orga	nization		Employer identification number
ANDREW Part III	M PAUL FAMILY FOUNDATI Exclusively religious, charitable, etc., contrib	outions to organizations described	13-7143442 in section 501(c)(7), (8), or (10) that total more than \$1,000 for
, 610 110	the year from any one contributor. Complete col completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	umns (a) through (e) and the follow chantable, etc., contributions of \$1,000 or	WING line entry For omanizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	t
_ } -	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	1
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) NIa			
(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	(e) Transfer of gift	Relationship of transferor to transferee
-			
			······································

FORM 990-PF	GAIN OR	(LOSS) FRO	OM SALE OF A	SSETS	ST	TATEMENT 1
(A) DESCRIPTION OF PROP	ERTY			ANNER QUIRED	DATE ACQUIRED	DATE SOLD
1,937 SHS K2M GROUP	HLDGS INC				08/22/16	09/12/16
(B) GROSS SALES PRIC		r [°] OR E	(D) EXPENSE OF SALE	(E) DEPRE		(F) IN OR LOSS
31,4	77.	32,125.	0.		. 0.	<648.
CAPITAL GAINS DIVID	ENDS FROM I	PART IV	-			0.
TOTAL TO FORM 990-P	F, PART I,	LINE 6A				<648.
FORM 990-PF	DIVIDENDS	S AND INTER	REST FROM SE	CURITIE	S SI	CATEMENT 2
		CAPITAL	· ,		(B)	(C)
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVEŃU		INVEST-	(C) ADJUSTED NET INCOME
SOURCE BANK OF AMERICA MORGAN STANLEY		GAINS DIVIDEND	REVENU PER BOO		INVEST-	ADJUSTED
BANK OF AMERICA	AMOUNT 11.	GAINS DIVIDEND	REVENU PER BOO 0.	KS MEN 11.	INVEST- T INCOME	ADJUSTED NET INCOME
BANK OF AMERICA MORGAN STANLEY	AMOUNT 11.	GAINS DIVIDEND	REVENU PER BOO 0. 0.	KS MEN 11. 42.	INVEST- IT INCOME 11. 42. 53.	ADJUSTED NET INCOME 11. 42.
BANK OF AMERICA MORGAN STANLEY TO PART I, LINE 4	AMOUNT 11.	GAINS DIVIDEND	REVENU PER BOO 0. 0.	KS MEN 11. 42. 53.	INVEST- IT INCOME 11. 42. 53.	ADJUSTED NET INCOME 11. 42.
BANK OF AMERICA MORGAN STANLEY TO PART I, LINE 4 FORM 990-PF	AMOUNT 11.	GAINS DIVIDEND ACCOUNTI	REVENU PER BOO O. O. ING FEES (B) NET INVEST MENT INCOM	HS MEN 11. 42. 53. — AD E NET	INVEST- IT INCOME 11. 42. 53. ST (C) JUSTED	ADJUSTED NET INCOME 11. 42. 53. CATEMENT 3 (D) CHARITABLE

FORM 990-PF	OTHER PROFES	SIONAL FEES	Sī	FATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING FEES	5,000.	5,000.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	5,000.	5,000.	0.	0.
FORM 990-PF	TAX	ES	Si	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAXES	4,937.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	4,937.	0.	0.	0.
FORM 990-PF	OTHER E	XPENSES	SI	PATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGE FILING FEE	4. 100.	0.	0.	0. 100.
TO FORM 990-PF, PG 1, LN 23	104.	0.	0.	100.