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

| Do not enter social security numbers on this form as it may be made public.

| Go to www.irs.gov/Form990PF for instructions and the latest information.

Fo	r cale	endar year 2017 or tax year beginning		, and ending		
N	ame	of foundation			A Employer identificat	ion number
	LIE	BBIE F GERRY FOUNDATION	078149-000		06-654699	9
N	ımber	and street (or P O box number if mail is not delivered to street	et address)	Room/suite	B Telephone number	
_	110	00 N MARKET ST, DE3-C07	0			-1942
C	ty or	town, state or province, country, and ZIP or foreign	postal code		C If exemption application	s pending, check here
!	NII	LMINGTON, DE 19890-000	<u>1</u>			, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
G	Chec	ck all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	ons, check here
		Final return	Amended return			
_		Address change	Name change		Foreign organizations check here and attach	meeting the 85% test, computation
H	\neg		exempt private foundation		E If private foundation :	status was terminated
L		ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion U	under section 507(b)	
		narket value of all assets at end of year J Accoun	=	Accrual	F If the foundation is in	a 60-month termination
			Other (specify)		under section 507(b)	
_	<u>►\$</u>	1,761,686. (Part I, colu	mn (d) must be on cash basis	3)	, ,	
<u> </u>	<u>art</u>	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 chantable purposes (cash basis only)
)	1	Contributions, gifts, grants, etc., received	65,453.		N/A	
5	2	Check In the foundation is not required to attach Sch. B				
٨	3	Interest on savings and temporary cash investments				
N	4	Dividends and interest from securities	40,122.	40,122.		STATEMENT 1
	5	a Gross rents				
	ı	Net rental income or (loss)				
ē	6	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	103,488.	*******************************		
Revenue	l	Gross sales price for all assets on line 6a 696,030.				
g Š	7			103,488.		
	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns		***************************************		
		and allowances				
		D Less Cost of goods sold : Gross profit or (loss)				
	11	Other income		···	·	
	12	Total. Add lines 1 through 11	209,063.	143,610.		
	13	Compensation of officers, directors, trustees, etc	3,967.	0.		3,967.
	14	Other employee salaries and wages	3/30/1		-	3/307.
	15	Pension plans, employee benefits				
ses	16a	Legal fees				
e e	b	Accounting fees STMT 2	1,500.	750.		750.
Expenses	Ve	AttRictoressional fees FCELIME 3	2,645.	2,645.		0.
<u>×</u>	17	Interest				
idstrative		Taxes STMT 4	2,580.	2,030.		0.
(1) E	£9 .	ிறிறிர்தேation and depடூtiதா 🤰 💪 2018				
臣	20	Occupancy	L			
Ą	21	Traul Completed Traul Completed	<u> </u>			
/ ZUTB erating and Admin	SEE.					
⋽Ĕ	24	Other expenses	 			
era.	24	Total operating and administrative expenses. Add lines 13 through 23	10,692.	E 43E		4 717
oper	25	Contributions, gifts, grants paid	69,043.	5,425.		4,717. 69,043.
	26	Total expenses and disbursements.	09,043.		<u> </u>	69,043.
<i>I</i>)		Add lines 24 and 25	79,735.	5,425.		73,760.
	27	Subtract line 26 from line 12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,423.		13,100.
	l	Excess of revenue over expenses and disbursements	129,328.	,		
		Net investment income (if negative, enter -0-)	, , , , , ,	138,185.		
		Adjusted net income (if negative, enter -0-)			N/A	
7235		-03-18 LHA For Paperwork Reduction Act Notice	e see instructions		0 0=	5 000 PE (2017)

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

Add lines 1, 2, and 3

SEE STATEMENT 5

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,506,468.

3 Other increases not included in line 2 (itemize)

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73,760.

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 Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

8

Part V	PF (2017) LIBBIE F GERRY FOUNDATION 078149-000 06-654 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			age 4
	npt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	of ruling or determination letter (attach copy of letter if necessary-see instructions)			
	estic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		2,7	64.
	1 1		21.	<u> </u>
	int I, line 27b			
	ther domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col (b)			Λ
	under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		2,7	<u>64</u>
	lines 1 and 2		211	04.
	ttle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		2,7	64
	pased on investment income Subtract line 4 from line 3. If zero or less, enter -0-		2,1	04.
	ts/Payments			
	estimated tax payments and 2016 overpayment credited to 2017 6a 1,036.			
b Exem	opt foreign organizations - tax withheld at source			
c Tax p	paid with application for extension of time to file (Form 8868) 6c 0 •			
d Back	up withholding erroneously withheld 6d 0 •			
7 Total	credits and payments Add lines 6a through 6d		1,0	<u>36.</u>
8 Enter	any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			0.
	lue. If the total of lines 5 and 8 is more than line 7, enter amount owed		1,7	28.
10 Over	payment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	the amount of line 10 to be Credited to 2018 estimated tax			
	I-A Statements Regarding Activities			
	g the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	olitical campaign?	1a		X
	spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
		10		
	answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	buted by the foundation in connection with the activities		1	v
	ne foundation file Form 1120-POL for this year?	10	ļ	<u>X</u>
	the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	On the foundation > \$ 0. (2) On foundation managers > \$ 0.			
	the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	gers ▶ \$			
2 Has t	he foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>
If "Ye	s," attach a detailed description of the activities			
3 Has t	he foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		-	
bylaw	s, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		_X_
4a Did th	ne foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	s," has it filed a tax return on Form 990-T for this year?	4b		
5 Was f	there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	s," attach the statement required by General Instruction T.			
	ne requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
6 Areth				
	language in the governing instrument, or	1		
● By l	language in the governing instrument, or	1		
● By ! ● By :	state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		x	1
● By l ● By s remai	state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law in in the governing instrument?	6	X	
● By l ● By s remai	state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	6 7	X	
By lBy sremailDid th8a Enter	state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law in in the governing instrument? 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 the states to which the foundation reports or with which it is registered. See instructions.			
 By leading By remail Did the 8a Enter FL 	state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law in in the governing instrument? 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 The states to which the foundation reports or with which it is registered. See instructions.			
 By By : remail 7 Did th 8a Enter FL b If the 	state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law in in the governing instrument? 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 the states to which the foundation reports or with which it is registered. See instructions. Answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate).		Х	
By By Femal Did th Ba Enter FL b If the of each	state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law in in the governing instrument? 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 The states to which the foundation reports or with which it is registered. See instructions. The answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) on the state as required by General Instruction G? If "No," attach explanation.			
 By section and sectio	state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law in in the governing instrument? 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 The states to which the foundation reports or with which it is registered. See instructions. The answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) the state as required by General Instruction G? If "No," attach explanation foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar.	7	Х	
By: Framal Did the Ba Enter FL If the of eac Is the year 2	state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law in in the governing instrument? 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 The states to which the foundation reports or with which it is registered. See instructions. The answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) on the state as required by General Instruction G? If "No," attach explanation.	7	Х	X

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X

3b

4a

Yes X No

N/A

during the year?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2017)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

orm 990-PF (2017				<u>06-6546</u>	999		Page 6
Part VII-B S	Statements Regarding Activities for Whic	ch Form 4720 May Be I	Required (contin	ued)		T	-
• .	ar, did the foundation pay or incur any amount to			·		Yes	No
(1) Carry on	propaganda, or otherwise attempt to influence legislation (se	ection 4945(e))?	Yı	es X No			
• •	the outcome of any specific public election (see section 495	5), or to carry on, directly or indir		[]			
•	r registration drive?			es X No			
• •	a grant to an individual for travel, study, or other similar purp		Y	es X No			
	a grant to an organization other than a charitable, etc., organi:	zation described in section	<u>ر</u>				
	4)(A)? See instructions		- -	es 🗶 No			
• •	for any purpose other than religious, charitable, scientific, lite	rary, or educational purposes, or		. []			
	ention of cruelty to children or animals?	-4- 4b 4 4 4		es 🗶 No			
•	is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	,	in Regulations	N/A		1	ĺ
	45 or in a current notice regarding disaster assistance? See			N/A	5b		-
-	relying on a current notice regarding disaster assistance, ch						
	is "Yes" to question 5a(4), does the foundation claim exempti		- /	es No			
•	esponsibility for the grant?		V/A1	es 🔲 No 📗			
	n the statement required by Regulations section 53 4945-5(d ation, during the year, receive any funds, directly or indirectly						
		y, to pay premiums on		es X No			
•	nefit contract?	n a narragal hanafit contract?	L TI	ES LAL NO	6b		Х
	ation, during the year, pay premiums, directly or indirectly, of file Form 8870	ii a personai benent contract?		,	OD.		
•	uring the tax year, was the foundation a party to a prohibited	tay chalter transaction?	[] v	es X No			
•	ie <u>foundation receive any proceeds or have any net income a</u>		L	N/A	7b	 -	†
	nformation About Officers, Directors, Tr		anagers, Highl				
	Paid Employees, and Contractors	aotooo, roanaattori me	anagoro, riigiii	•			
1 List all office	rs, directors, trustees, and foundation managers a	nd their compensation.					
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plan and deferred	S	(e) Exp	ense
	(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	a	allowa	nces
WILMINGTO	ON TRUST, NA	TRUSTEE				_	
2000 PGA	BLVD, SUITE 4400			ļ	1		
PALM BEAC	CH GARDENS, FL 33408	2.00	3,967.	0	•		<u> </u>
				}			
					Щ.		
							
				l			
2 Compensatio	n of five highest-paid employees (other than those		enter "NONE."	(d) Contributions to	$\overline{}$	(e) Exp	
(a) Name	and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans	s a	<u>ċcount</u>	t, other
NON	ID	devoted to position		compensation	<u> </u>	allowa	inces
NON	NE				1		
			 		+-		
					1		
			 	ļ <u> </u>	+		
			 		+		
]		
			 		+-		
		-					
Fotal number of of	ther employees paid over \$50,000		.L				(
Can Hamber Of DE	mor emproyees bain over \$20,000						

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Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE	Form 990-PF (2	017) LIBBIE F GERRY FOUNDATION 07814	19-000 06-	-6546999 Page 7
(a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Open title	Part VIII	Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly	
NONE Dotal number of others receiving over \$50,000 for professional services ▶ 0	3 Five highe	st-paid independent contractors for professional services. If none, en	ter "NONE."	
otal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities stit the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc N/A Part IX-B Summary of Program-Related Investments Bescribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount N/A			(b) Type of service	(c) Compensation
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount Amount	N	ONE		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount Amount				
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount Amount				
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Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount Amount	Total number of	of others receiving over \$50,000 for professional services		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount N/A				
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount N/A	List the founda	tion's four largest direct charitable activities during the tax year. Include relevant sta	tistical information such as the	Expenses
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount N/A			roduced, etc	
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A Amount	1 <u>N</u>	/ A		-
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A Amount				-
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A Amount	 2			
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A Amount	<u> </u>			1
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A Amount				†
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A Amount				-
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A Amount				
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A Amount				
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A Amount	4			1
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A Amount]
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A Amount	D D/ D			<u> </u>
N/A	Part IX-B	Summary of Program-Related Investments		
			on lines 1 and 2	Amount
All other program-related investments. See instructions		/ A		-
All other program-related investments. See instructions	-			-
All other program-related investments. See instructions	2			
All other program-related investments. See instructions				1
All other program-related investments. See instructions				<u></u>
	All other progra	am-related investments. See instructions		
	3			
]
]
				1
· ·	,			1
otal Add lines 1 through 3				

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LIBBIE F GERRY FOUNDATION 078149-000 06-6546999 Form 990-PF (2017) Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 1,587,462. 51,583. a Average monthly fair market value of securities 1a b Average of monthly cash balances 1b c Fair market value of all other assets 10 1,639,045. d Total (add lines 1a, b, and c) 10 Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 24,586. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 1,614,459. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 80,723. Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here
and do not complete this part) 80,723. Minimum investment return from Part X, line 6 2,764. Tax on investment income for 2017 from Part VI, line 5 Income tax for 2017 (This does not include the tax from Part VI) 2b Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) ĥ Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a **b** Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b 73,760. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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income Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

	(a)	(b)	(c)	(d)
1 Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
line 7				77,959.
2 Undistributed income, if any, as of the end of 2017	.,			<u> </u>
a Enter amount for 2016 only			69,043.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2017				
a From 2012				
b From 2013				
c From 2014	1			
d From 2015		****		
e From 2016				
f Total of lines 3a through e	0.	-		•
4 Qualifying distributions for 2017 from				
Part XII, line 4 ►\$ 73,760.				<u>.</u> :
			69,043.	
a Applied to 2016, but not more than line 2a			69,043.	<u> </u>
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				4,717.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below		***************************************		
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.1			
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		0.		
d Subtract line 6c from line 6b Taxable				Ē
amount - see instructions		0.		<u> </u>
e Undistributed income for 2016 Subtract line				<u>:</u>
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2017 Subtract				
lines 4d and 5 from line 1 This amount must	1			
be distributed in 2018		£		73,242.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		į.		
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			:
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			•
9 Excess distributions carryover to 2018.		-		
Subtract lines 7 and 8 from line 6a	0.	i i		
O Analysis of line 9				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				

723581 01-03-18

e Excess from 2017

	F GERRY FOU				546999 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	r 2017, enter the date of	the ruling	▶		
b Check box to indicate whether the found	dation is a private operatii	ng foundation described	In section	4942(J)(3) or 4	1942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		,
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for				100	
each year listed					1
b 85% of line 2a			 		
c Qualifying distributions from Part XII,	-				
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly		-			
for active conduct of exempt activities					
Subtract line 2d from line 2c		<i></i>			
3 Complete 3a, b, or c for the					
alternative test relied upon					
a "Assets" alternative test - enter (1) Value of all assets					
` '					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	 				
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter			 		
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)	//		 		
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Info	rmation (Cample	to this port only	if the foundation	n had \$5 000 ar m	ore in eccets
at any time during t			ir the foundatio	n nad \$5,000 or m	ore in assets
		actions.,			
1 Information Regarding Foundatio	_				
a List any managers of the foundation wh year (but only if they have contributed n	O have contributed more	than 2% of the total cor	itributions received by th	e foundation before the clo	ose of any tax
NONE	iole than \$5,000) (See 3	ection 507 (d)(2))			
	400/				
b List any managers of the foundation wh other entity) of which the foundation has	0 0WN 10% or more of th	e stock of a corporation	(or an equally large por	ion of the ownership of a p	partnership or
NONE	s a 10% of greater interes	,			
					
2 Information Regarding Contributi					
Check here X if the foundation o the foundation makes gifts, grants, etc.	nly makes contributions to	tions under other cond	organizations and does	not accept unsolicited req	uests for funds IT
·					
a The name, address, and telephone num	ber or email address of th	e person to whom appl	ications should be addre	ssed	
t. The forms on the bond on bonds.	- 				
b The form in which applications should b	e submitted and informat	ion and materials they s	should include		
Any submission doddlings					
c Any submission deadlines					
d Any restrictions or limitations on assessed	o such as by seesestim	ul arana, ahamtahla firilda	lundo of modifications	other feeters	
d Any restrictions or limitations on awards	s, such as by geographica	n areas, chantable fields	s, killus of institutions, ôf	other factors	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded b	y section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code		code	Allount	
å			+		
b	i i		+		
d			+		
			+-+		
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	40,122.	
5 Net rental income or (loss) from real estate					
a Debt-financed property			1		
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	103,488.	
9 Net income or (loss) from special events					<u>.</u>
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b			\perp		
<u> </u>	l l		1		
d			 		
6				142 610	
12 Subtotal Add columns (b), (d), and (e)	<u> </u>	0.	<u> </u>	143,610.	
13 Total. Add line 12, columns (b), (d), and (e)				13	143,610.
(See worksheet in line 13 instructions to verify calculation.) Part XVI-B Relationship of Activit		nnlishment of F	remnt Pi	Irnosas	
Line No. Explain below how each activity for which					lishmost of
the foundation's exempt purposes (other			Continuated		instituent of
				·	
					
					
					
		-			
		-	_		
			<u>-</u>		
	· · ·		. .		

Part XVII	Information R Exempt Organ	egarding Trar nizations	isfers to a	and Transactions a	and Relation	ships With Non	charitable	1	
1 Did the o			of the follows	ng with any other organizati	ion described in s	ection 501/c)		Yes	No
	•	-		g to political organizations?		ection 30 f(c)			
•	s from the reporting found			• •					
(1) Cash	• •	ation to a nonchang	anie everiiht or	gamzation of			1a(1)	[]	Х
(2) Othe									X
b Other tra							1a(2)		
	nsactions s of assets to a noncharita	hle avemnt argents	ation.				45/4)	1	Х
		. •					1b(1)		X
• •	hases of assets from a no		organization				1b(2)		X
1-7	a) of facilities, equipment,						1b(3)		X
• •	nbursement arrangements	•					1b(4)		X
, ,	is or loan guarantees						1b(5)		
-	ormance of services or me						1b(6)	\vdash	X
•	of facilities, equipment, ma	•					1 <u>c</u>		
				edule Column (b) should a				ets,	
				red less than fair market val	lue in any transact	ion or sharing arranger	nent, show in		
(a) Line no	d) the value of the goods, (b) Amount involved			e exempt organization	(4) -				
(a) Line no	(b) Amount involved	(c) Ivallie 0		e exempt organization	(U) Descrip	tion of transfers, transaction	ns, and sharing an	angeme	nts
		 	N/A						
						· · · · · · · · · · · · · · · · · · ·			
									
							.		
									
			· <u>. </u>						
						<u> </u>	· · · · · · · · · · · · · · · · · · ·		
									
2a Is the fou	ndation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organ	izations described	<u> </u>			
ın section	501(c) (other than section	n 501(c)(3)) or in se	ection 527?				Yes	X	☐ No
b If "Yes," c	omplete the following sch	edule							
	(a) Name of org			(b) Type of organization		(c) Description of rel	ationship		
	N/A	<u></u>							
						·			
			· · · · · · · · · · · · · · · · · · ·						
Under	penalties of penjury, I declare	that I have examined thi	s return, includin	ng acompanying schedules and	statements, and to t	the best of my knowledge	M		thus
Sign and be	elief, it is true, correct, and cor	npicte Declaration of pr	eparer (other than	ny accompanying scriednes and	nation of which prepare	arer has any knowledge	May the IRS d return with the shown below?	prepar	er
Here	(Lee)	Hen.	1.1	#15/8/18		CER-TRUSTEE	Shown below?	Seeins] No
Sigr	nature of officer or trust	June 1	<i>y - 1</i>	Date	Title	DER TROUBLE			
	Print/Type preparer's na	ime	Preparer's s		Date	Check If	PTIN		
		•		g		self- employed			
Paid	-			v	ļ	}			
Preparer	Firm's name		L			Firm's EIN			
Use Only	i initi s name P					FIIIII S EIN			
, ,	Firm's address								
						Dhana			
	<u> </u>					Phone no		DE	/2017
							Form 990	<i>,</i>	(2017)

Part XV Supplementary Information	F GERRY FOUNDA'	1101 07014	00 03	46999
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
MARIN CATHOLIC HIGH SCHOOL	NONE	PUBLICLY	GENERAL OPERATING	
675 SIR FRANCIS DRAKE BLVD	NONE	SUPPORTED	GENERAL OFERNING	
KENTFIELD, CA 94904		CHARITY		25,100
REC INC	NONE	PUBLICLY	GENERAL OPERATING	
PO BOX 538		SUPPORTED		_4,421
FAIRFAX, CA 94978		CHARITY		
THE PSYCHOTHERAPY INSTITUTE	NONE	PUBLICLY	GENERAL OPERATING	
2232 CARLETON STREET		SUPPORTED		
BERKELEY, CA 94704		CHARITY		7,500
			-	
Total from continuation sheets				37,021

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

Department of the Treasury Internal Revenue Service Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Schedule of Contributors

OMB No 1545-0047

2017

Name of the organization

Employer identification number

]	LIBBIE F GERRY FOUNDATION 078149-000	06-6546999
Organization type (check	k 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	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling in the contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	or 16b, and that received from
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or education of cruelty to children or animals. Complete Parts I, II, and III.	· ·
year, contributio is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from this exclusively for religious, charitable, etc., purposes, but no such contributions totaled must here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it is ble, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc.,
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fort filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

LIBBIE F GERRY FOUNDATION 078149-000

06-6546999

Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LIBBIE F GERRY CLT 1100 NORTH MARKET STREET WILMINGTON, DE 19890	\$\$65,453.	Person X Payroll
(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.)
(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

LIBBIE F GERRY FOUNDATION 078149-000

06-6546999

Part II	Noncash Property (see instructions). Use duplicate copies of F	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
(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 recei v ed

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Employer identification number Name of organization LIBBIE F GERRY FOUNDATION 078149-000 06-6546999 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations. Part III completing Part III, enter the total of exclusively religious, chantable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDENI	S AND INTER	EST FROM SECUR	RITIES S'	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CAPITAL GAIN DIVIDEND DIVIDEND INCOME US GOVT INTEREST	11,353 39,585 537	· ·	3. 0. 0. 39,585. 0. 537.	39,585.	
TO PART I, LINE 4	51,475	11,35	3. 40,122.	40,122.	
FORM 990-PF		ACCOUNTI	NG FEES	Sī	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX PREPARTION	_	1,500.	750.		750.
TO FORM 990-PF, PG	1, LN 16B =	1,500.	750.		750.
FORM 990-PF	0	THER PROFES:	SIONAL FEES	SI	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL	FEES	2,645.	2,645.		0.
TO FORM 990-PF, PG	1, LN 16C	2,645.	2,645.		0.

FORM 990-PF	TAX	ES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
FOREIGN TAXES PAID ESTIMATED EXCISE TAX PAID	2,030. 550.	2,030.		0.	
TO FORM 990-PF, PG 1, LN 18	2,580.	2,030.		0.	
FORM 990-PF OTHER DECREASE	ES IN NET AS	SETS OR FUND	BALANCES	STATEMENT 5	
DESCRIPTION MUTUAL FUND TIMING DIFFERENCE OTHER CAPITAL CHANGES	3			AMOUNT 52. 53.	
TOTAL TO FORM 990-PF, PART II	II, LINE 5			105.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6	
DESCRIPTION		ВС	OK VALUE	FAIR MARKET VALUE	
EQUITY FUNDS INFLATION HEDGES FUNDS			1,410,518. 51,853.	1,663,900. 53,689.	
TOTAL TO FORM 990-PF, PART II, LINE 10B			1,462,371.	1,717,589.	

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FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

NAME OF CONTRIBUTOR

LIBBIE F GERRY CLT

ADDRESS

WTC 1100 N MARKET ST DE3-C070 WILMINGTON, DE 19890

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